

WASHINGTON STATE

Medicaid Administrative Claiming RMTS Coordinator Manual

• SCHOOL DISTRICTS •



UPDATED JULY 2017

Washington State
Health Care Authority

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INTRODUCTION

The purpose of this HCA MAC RMTS Coordinator Manual (Manual) is to provide an overview of the Medicaid Administrative Claiming (MAC) program and the roles and responsibilities of the MAC Coordinator/backup for the Random Moment Time Study (RMTS). This Manual also provides step-by-step instructions for completing the Coordinator's duties.

PURPOSE OF THE WASHINGTON STATE MAC PROGRAM

Federal funds are available through the Health Care Authority's (HCA) MAC program to reimburse School Districts, Educational Service Districts, and Charter Schools (hereinafter referred to as SDs) for the cost of activities that support the efficient administration of the Washington State Medicaid Plan. HCA contracts with multiple local governmental entities in addition to SDs to carry out the goals of the MAC program, which include:

- Outreach to residents with no or inadequate medical coverage
- Explaining benefits of the Medicaid program
- Assisting residents in applying for Medicaid
- Linking residents to appropriate Medicaid covered services
- Informing individuals about Medicaid and the benefits or services offered through Medicaid.
- Providing applications or assisting individuals in gathering documentation to complete an application for Medicaid eligibility determination.
- Facilitating access to Medicaid-covered services by arranging or coordinating translation/interpretation and transportation services.
- Evaluating and improving access to Medicaid-covered services through program planning, policy development, and interagency coordination.
- Providing or receiving training related to Medicaid services or MAC.
- Referring individuals to Medicaid-covered medical, dental, vision, mental health, family planning, pharmacy, and/or substance abuse treatment services. This includes coordinating and monitoring their delivery.

Note: Application assistance activities solely for the purpose of determining eligibility for a qualified health plan within the Exchange will be coded as Non-Medicaid application assistance (see activity code 2a).

APPLICABLE LAWS, REGULATIONS AND PUBLISHED GUIDANCE

Any SD or subcontractor participating in the MAC program must comply with applicable federal and state laws, regulations, published guidance, or their successors. These include, but are not limited to:

- Section 1902 (a) of the Social Security Act
- Code of Federal Regulation (CFR) Title 42 and Title 45
- Medicaid School-Based Administrative Claiming Guide May 2003
- Revised Code of Washington (WAC)
- The Coordinator Manual
- Uniform Administrative Requirements Cost Principles and Audit Requirements for Federal Awards
- OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations
- Washington State Medicaid Plan

MAC PARTICIPATION REQUIREMENTS

INTERLOCAL AGREEMENT WITH HCA

An SD must enter into an interlocal agreement with HCA in order to participate in the MAC program. The contract must be fully executed (signed by both parties) prior to the first calendar quarter in which an SD first participates in the MAC Program.

HCA-UMMS AGREEMENT

HCA has entered into a contract with the University of Massachusetts Medical School (UMMS) for the operation of the statistically valid RMTS model and for the day-to-day administration of the time study and claim calculations. HCA and UMMS meet on a regular basis and have worked closely to develop and implement the RMTS model for SDs.

Contact Information	
University of Massachusetts Medical School Center for Health Care Financing RMTS & School-Based Medicaid Program 333 South Street Shrewsbury, MA 01545 MedicaidAdmMatch@UMassmed.edu Phone: 800-535-6741 Fax: 508-856-7643	Health Care Authority Medicaid Administrative Claiming P.O. Box 45530 Olympia, WA 98504-5530 MAC@hca.wa.gov Phone: 360-725-1907 Fax: 360-664-4371

HCA ADMINISTRATIVE FEES

HCA charges each SD an administrative fee to offset its costs to administer the MAC program. Each SD is invoiced twice each fiscal year for its share of HCA's actual costs to administer the program. (The fee is expressed as a proportional percentage of HCA's total administrative cost, based on each SD's proportional share of all SDs' MAC claims.) The administrative fee must be paid with non-federal dollars within 45 business days of the date on HCA's invoice. If the fee is not paid by the deadline, all future A19-1As for SD MAC claims will be held for processing until payment is made. HCA's administrative fee is a non-claimable expense for the MAC program, and cannot be reported on the invoice as an allowable cost. SDs may pass these costs to their subcontractors, however they are prohibited from charging or requiring subcontractors to pay an administrative fee in order to participate in MAC.

SUBCONTRACTORS

SDs are permitted to include subcontractor costs on the MAC invoice if the subcontractor is assisting the SD in furthering its MAC program goals. Typically an SD will subcontract with a community-based partner to perform MAC activities when the SD does not have sufficient resources or staffing to perform the activities. Subcontractors must have a written agreement with the SD. The SD is required to provide a summary of the subcontractor's costs with each invoice, and maintain source documentation on site necessary for meeting federal claiming requirements. HCA will review all costs included on the SD's MAC invoice and may ask for supporting documentation or for unallowable or unsupported costs to be removed from the invoice.

MAC COORDINATOR AND BACKUP

Each SD is required to establish a MAC Coordinator and Backup Coordinator. These coordinators are responsible for monitoring their SD's MAC program to ensure compliance with all applicable laws, regulations and guidelines specific to MAC, and are required to comply with all roles, responsibilities, limitations, restrictions, and documentation requirements described in the HCA MAC contract, manuals, training materials or other documentation provided. The MAC coordinator is responsible for ensuring all aspects of the time study are functioning and in compliance in addition to ensuring all aspects of the claiming/invoicing process are functioning and in compliance. HCA expects the MAC program to be managed similarly to other federal awards and expects the Coordinator to report to, or work closely, with an administrator assigned oversight authority of the SD.

THE ROLE OF THE MAC COORDINATOR

The RMTS Coordinator is responsible for the participation of its SD in the MAC program. This portion of the Manual provides step-by-step instructions for managing the time study components of the SD's MAC program. The specific documents referenced in this Manual can be found on the [HCA website](#).

The RMTS Coordinator responsibilities are best understood as a set of distinct tasks which are generally time-limited to before, during, and after the quarter, as well as annual and ongoing tasks. There are many resources available to help you understand your responsibilities and ensure you meet program requirements and deadlines.

USEFUL RMTS COORDINATOR TOOLS

1. MAC Participation Tasks. This is a step-by-step list of tasks that must be completed before, during and after the quarter as well as annually and ongoing. The list is described below.
2. Coordinator Calendar. The calendar is maintained on the [HCA website](#) and displays key preparation and claiming deadlines. This calendar is also provided in list form on the [HCA website](#).
3. Quick Reference Guides and Resources. Located on the [HCA website](#) are various forms and quick reference guides regarding participant lists, claiming, and scheduling.

MAC PARTICIPATION TASKS

This list of tasks offers a step-by-step process for the successful management of your MAC program. As laid out below, the list includes explanations of why the tasks must be completed and refers to more detailed sections of the Manual and supporting documents.

BEFORE THE QUARTER STARTS

STEP 1: Execute a signed MAC agreement between the SD and HCA.

STEP 2: Identify staff who will participate in the time study.

STEP 2a: Review Current Time Study Participants

- Update participant information and/or status in the RMTS system.
- Verify that no participants are 100% federally funded.
- Verify or update the participant's work schedule

STEP 2b: Identify New Time Study Participants

- Verify the participant has an "Eligible Job Classification." If the classification is not listed but the participant regularly performs MAC activities, it must be submitted to HCA for review and approval.
- Remove any participants that are 100% federally funded or have 100% of their costs in your agency's indirect rate.
- Verify whether a participant is an agency employee or contracted employee.
- Assign participants to an RMTS pool:
 - Administrative Services Pool
 - Social and Health-Related Services Pool
 - Educational Pool
- Enter participant demographics, work schedule and other data into the RMTS system.

STEP 3: Update the SD Calendar in the RMTS

- Update the annual SD level calendar in the RMTS system. This calendar sets the standard business days, holidays, and closures.

STEP 4: Certify the Participant List

- You must certify the participant data entered is in compliance and accurate by checking the certification box in the RMTS. You cannot change the participant list once it has been certified. You must be sure all participant data (work schedules and demographics) is entered for new participants or updated for current participants, and that the agency calendar has been updated. The RMTS system will then auto generate a master list of RMTS participants for the quarter and store it. This list cannot be changed once it is certified.

STEP 5: Verify all staff participating in the MAC program have completed the required training prior to answering their first moment.

- New participants are notified of the training requirements via their RMTS “welcome” emails. The coordinator is responsible for ensuring all participants have completed the required trainings on time.

STEP 5a: Verify all participants have completed the annual online training.

- Staff cannot participate in the MAC program until they have completed the online training.

DURING THE QUARTER**STEP 1: Monitor the RMTS to ensure moments are answered within 2 business days.**

- You may view moments in the RMTS and e-mail participants asking them to complete their random moments.
- Follow up with participants who have not completed their moments in a timely manner; stress the importance of completion for the statistical validity of the RMTS.
- Use the “RMTS Participant Not Completed Report” to track the number of expired moments in the RMTS, by individual participant.

STEP 2: Update Participant Data as needed

- Limited participant data can be updated during the quarter. This includes updating email addresses or the participant’s work/employment status (termination, retirement, extended leave). “Extended leave” means the participant will be absent from work for the majority of the quarter (two or more months). These changes will not affect moments already drawn for the current quarter. Updates are made on the “participant” page in the RTMS.

AFTER THE QUARTER ENDS**STEP 1: Confirm and enter actual staff salary and benefits into RMTS.**

- This information is to be used for claim calculation within 120 days after the close of the quarter. (All salaries and benefits entered into the RMTS must be reconciled with SD Financial statements.

STEP 2: Complete Change of Status (COS) form.

- If a participant’s status changes during a quarter complete and submit a COS. For example, if a participant is:
 - No longer employed
 - Retired
 - On extended leave / vacation
 - Change of job position

ANNUALLY**STEP 1: Enter the SD Calendar for the year.**

- Ensure all holidays and other known dates of closure are captured on the SD Calendar.
Note: The calendar may also be updated before each quarter.

STEP 2: Ensure all MAC Participants Complete the Annual online Training

- Remind current RMTS participants of the annual online refresher training requirement.
- Verify participants received the RMTS notifications for accessing the training and the deadline.

ONGOING

- **Provide training and technical assistance to staff participating in the MAC program as needed.**
 - Follow up with participants who have incomplete moments
 - Monitor participation and minimum response rates
 - Participate in scheduled Medicaid meetings/trainings
 - Answer general participant questions throughout the quarter
 - Maintain required documentation
 - Serve as liaison between HCA, SDs, and/or MAC subcontractor
 - Assist with providing HCA with any requested documentation

RANDOM MOMENT TIME STUDY MANAGEMENT

The RMTS system (System) is a web-based program designed to determine the amount of time and corresponding cost that can be claimed to the MAC program. The System uses a common set of activity codes.

MAC ACTIVITY CODES

In order to determine the amount of time spent performing MAC activities and their related costs, staff participate in an RMTS. This method identifies the amount of time staff spent performing one or more federally-approved MAC activity codes. The activity codes represent all the work performed by SD staff participating in the MAC program. Some of these activities are allowable for MAC reimbursement; others are not. The activity codes are summarized in the following chart. The Activity Code Descriptions provide detailed information on each code, as well as activity examples, and is available on the [HCA website](#).

SUMMARY OF MAC ACTIVITY CODES

Code 1a	Non-Medicaid Outreach
Code 1b	Medicaid Outreach (Total MER)
Code 2a	Facilitating Application for Non-Medicaid Programs
Code 2b	Facilitating Medicaid Eligibility Determination
Code 3	School Related and Educational Activities
Code 4	Direct Medical Services
Code 5a	Arranging Transportation for Non-Medicaid Services
Code 5b	Arranging Transportation for Medicaid Services
Code 6a	Arranging or Coordinating Non-Medicaid Translation or Interpretation
Code 6b	Arranging or Coordinating Translation or Interpretation related to Medicaid Services
Code 7a	Program Planning, Policy Development and Interagency Coordination Related to Non-Medical Services
Code 7b	Program Planning, Policy Development and Interagency Coordination Related to Medical Services
Code 8a	Non-Medical/Non-Medicaid Related Training
Code 8b	Medical/Medicaid Related Training
Code 9a	Referral, Coordination and Monitoring of Non-Medicaid Services
Code 9b	Referral, Coordination and Monitoring of Medicaid Services
Code 10	General Administration

Direct Medical Services

Any activity that is integral to or an extension of a direct medical service (a service that can be billed to Medicaid or other third parties) - cannot be reimbursed through the MAC program. These activities are reported to Code 4: Direct Medical Services.

ELIGIBLE JOB CLASSIFICATIONS

The following job classifications have been approved to participate in the MAC program. They are grouped into three broad job pools, Administrative (pool 1), Educational (pool 2), and Social and Health-Related Services (pool 3). Staff in these job classifications who perform allowable MAC activities as part of their regular work may be included in the MAC program. These examples are not all-inclusive. If you have a job classification that is not listed below, please consult with HCA. The HCA will work with UMMS to evaluate the job classification to determine if it is allowable in the MAC program.

Administrative Pool

<i>Job Category</i>	<i>Examples of Job Titles/Classifications</i>
Elementary Principal	Performs the assigned activities of the administrative head of an elementary school, normally any span of grades not above Grade 8.
Elementary Vice Principal	Performs assigned activities in support of the head administrator of an elementary school, normally any grade span not above Grade 8.
Office/Clerical	Performs clerical-type work such as preparing, transcribing, systematizing, or filing written communications and reports and operates such equipment as bookkeeping machines, typewriters, and tabulation machines. Includes administrative assistants, secretaries, bookkeepers, messengers, clerks, typists.
School Administrator	Directs staff members and/or manages a function, a program, or a support service in a school. Includes broaden office/clerical, administrative interns, and supervisors of school programs.
Secondary Principal	Performs assigned activities of the administrative head of a secondary school, normally any grade span combination of Grades 7-12. Includes junior high, middle school and senior high principals.
Secondary Vice Principal	Performs assigned activities in support of the administrative head of a secondary school, normally any grade span combination of Grades 7-12.

Educational Pool

<i>Job Category</i>	<i>Examples of Job Titles/Classifications</i>
Paraprofessional	Assists classroom teachers or staff members performing professional education teaching assignments on a regularly scheduled basis. Includes teacher aides, classroom attendants, and community service aides.
Elementary Teacher	Instructs pupils in a classroom situation for which daily pupil attendance is kept normally in any span of grades not above Grade 6. Includes preparation period and music, band, and physical education teachers, etc.

Secondary Teacher	Instructs pupils in a classroom situation for which is kept normally in any span of grades not above Grades 7-12. Includes preparation period and music, band, and physical education teachers, etc.
Other Teacher	Instructs pupils in ungraded classes, special education, gifted, disadvantages, early childhood / pre-k.

Social and Health-Related Services Pool

Job Category	Examples of Job Titles/Classifications
Counselor	Assists pupils to assess and understand their abilities, aptitudes, interests, environmental factors, personal and social adjustments, educational needs, and occupational opportunities.
Health Room Assistant	Assists school nurse in health room operations, performing delegated nursing tasks such as medication administration or medical treatments.
Nurse	Registered Nurse or Licensed Practical Nurse licensed to perform activities requiring substantial specialized judgment and skill in observation, care and counsel of ill and injured pupils, and in illness prevention.
Occupational Therapist	Assists pupils whose abilities to cope are impaired by develop mental deficits, poverty and cultural differences, physical injury or illness, or psychological and social disability.
Physical Therapist	Seeks to relieve disability and pain, develop or restore motor function, and maintain maximum performance within the student’s capabilities.
Psychologist	Evaluates and analyzes pupils through such activities as measuring and interpreting pupils’ intellectual, emotional, and social development to enhance their educational progress.
Social Worker	Assists in the prevention of or solution to the personal, social, and emotional problems of pupils which involve family, school, and community relationships when such problems affect the school work of the pupil.
Speech-Language Pathologist or Audiologist	Provides diagnostic, therapeutic, and consultative services for individuals disable by disorders of language, speech, and/or hearing.

Note: Small school districts may include superintendents as eligible participants if their positions are not already included in the indirect rates. Any position included in the indirect rate must be excluded from participation.

THE RANDOM MOMENT TIME STUDY

The RMTS is the primary basis of allocating allowable costs to the MAC program. The System allows participants to record their work activities at random moments during their standard work hours throughout the quarter. These random moments represent a one (1) minute interval of time.

When participants are responding to a moment, they will use the internet to log into the web-based System to record their activities. The participant will respond to four main questions in the System to document what they were doing during that moment. The questions will have several predefined responses to choose from, or the participant may

free-type a response. The System will randomly assign moments throughout the entire quarter to all staff who are participating in the RMTS.

The System is comprised of the web-based time study and claiming systems. After the end of the quarter, the System calculates all the random moments to determine the percentage of time staff spent performing various activities. These time study results are used in the claiming system to calculate the amount of time staff spent performing various activities including MAC activities and calculate the MAC reimbursement amount. The System uses this data in conjunction with the SD specific expenditure data to generate the SDs quarterly A19-1A Invoice Voucher (A19).

RMTS RESPONSE RATE AND STATISTICAL VALIDITY

It is a federal requirement that any RMTS used for the MAC program must be statistically valid and it must achieve 2,401 valid moments each quarter. To ensure there are enough valid moments to reach statistical validity, the RMTS includes a 15% oversample, for a total of 2,761 moments. The moments in each quarterly RMTS consist of all scheduled time within the individual work schedules of all participating staff. Agency holidays and weekends are excluded from the sample.

The RMTS generates a random sample of 2,761 moments prior to the start of the quarter. No participants will be assigned moments outside their work schedules All moments must be completed within five(5) business days (Monday-Friday, excluding holidays), and be certified as true and accurate by the participant. Any moment completed after the five (5) business day deadline, not returned at all, or if HCA has requested additional information from a participant and the information has not been received within two (2) weeks, will be counted as invalid unless there is supporting documentation why the moment was not answered.

NON-COMPLIANCE AND CORRECTIVE ACTION

HCA and UMMS will monitor the response rate of SDs by reviewing the [RMTS Compliance Status Report](#). If the 85% compliance rate (a minimum of 2401 completed moments) is not met, the invalid moments are reported to a non-Medicaid time study code, and included in the calculation of time study results. Any non-response rate greater than 15% is unacceptable, and HCA will require remedial action:

- **Non-response rates greater than 15%:**
 - HCA will send written notification to the SD requesting a corrective action plan.
 - SDs must develop and submit the corrective action plan to HCA for approval within 30 working days of HCA's notification.
 - Failure to provide a timely corrective action plan may result in contract termination.
 - 85% compliance rate must be met in the following quarter.
- **Non-response rates greater than 15% for two (2) consecutive quarters:**
 - HCA will reduce reimbursement by 35% for each pool that does not meet the 85% compliance rate for two consecutive quarters.
 - SDs will be notified via certified mail of the reduced reimbursement.
 - 85% compliance rate must be met in the following quarter.
- **Non-response rates greater than 15% for three (3) consecutive quarters:**
 - HCA will deny all reimbursement for the third consecutive quarter.
 - HCA will evaluate on individual basis the SD continue participation in the MAC program.
 - The SD will be notified via certified mail of the withheld reimbursement and HCA decisions regarding continue participation of the MAC program.

SDs must abide by all rules and limitations as outlined in the contract and this Manual. HCA may perform on-site monitoring visits for SDs that are not in compliance, and/or need any additional support at any time in the program.

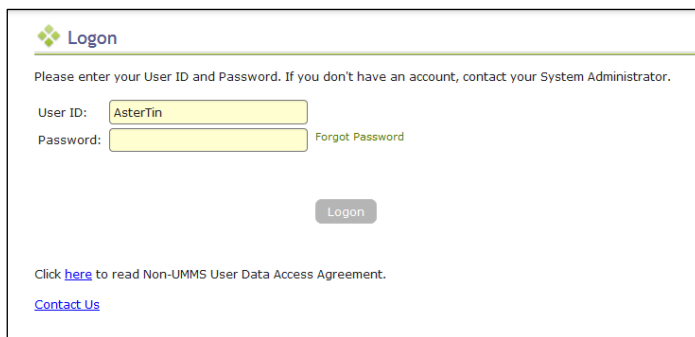
OVERVIEW OF THE RMTS SYSTEM

This section of the Manual contains an overview of the components of the RMTS, with a goal of providing a better picture of how the tasks that must be completed by the MAC coordinator fit into the larger RMTS system. Detailed instructions for using the RMTS site are also included in this section.

THE LOG IN

Each participant has a unique user ID and password that is used to log into the **RMTS site** to respond to moments and to access training videos and other resources.

Login with your User ID and password



Logon

Please enter your User ID and Password. If you don't have an account, contact your System Administrator.

User ID: AsterTin

Password: [Forgot Password](#)

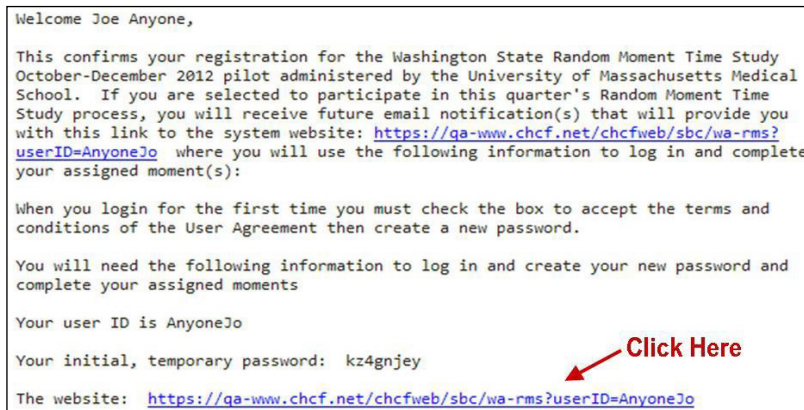
Click [here](#) to read Non-UMMS User Data Access Agreement.

[Contact Us](#)

RMTS PASSWORD RESET

Lost passwords can be reset quickly and easily. Just follow the step by step directions and screen shot examples:

STEP 1: Navigate to the UMMS website or from any of the RMTS emails you have received notifying you of a random moment, click on the hyperlink to take you to the RMTS website.



Welcome Joe Anyone,

This confirms your registration for the Washington State Random Moment Time Study October-December 2012 pilot administered by the University of Massachusetts Medical School. If you are selected to participate in this quarter's Random Moment Time Study process, you will receive future email notification(s) that will provide you with this link to the system website: <https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=AnyoneJo> where you will use the following information to log in and complete your assigned moment(s):

When you login for the first time you must check the box to accept the terms and conditions of the User Agreement then create a new password.

You will need the following information to log in and create your new password and complete your assigned moments

Your user ID is AnyoneJo

Your initial, temporary password: kz4gnjey

The website: <https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=AnyoneJo>

Click Here

STEP 2: From the login page of the RMTS website, click on the “Forgot/Reset Password” hyperlink.

Center for Health Care Financing
UMASS MEDICAL SCHOOL
A Commonwealth Institute
Center of Distinction

WASHINGTON RANDOM MOMENT TIME STUDY

Washington Random Moment Time Study

Login

Welcome to the State of Washington Random Moment Time Study (RMTS) home page.

This website can be used to:

- Complete your Time Study Moment
- Track and maintain a history of your Time Study Moments
- Manage user access to data, ensuring state-of-the-art security and compliance with all applicable federal security and privacy guidelines

Training materials for completing the RMTS, including an online tutorial, are available after logging on.

To learn more about RMTS and Medicaid Administrative Match claiming, please visit: <http://hrsa.dshs.wa.gov/mam/index.htm>

[Reset/Forgot Password?](#) **Click Here**

[Instructions for Logging in](#)

STEP 3: Enter your e-mail address where indicated, and click the ‘reset’ button.

::: Reset Password - Used for Forgotten Passwords

Enter your user id:

AnyoneJo

Enter the e-mail address associated with your account:

Once you click Reset, we'll send you an e-mail message containing your new tempory password

Reset Cancel Help

STEP 4: An automated email will be delivered to your email box within a few minutes. This email contains your user ID and a temporary password that you can use to access the website. Copy the temporary password from the email, and then click on the website link in the email to return to the website.

Password Re-set: Washington Schools RMTS System Pilot

MedicaidAdmMatch@umassmed.edu

Sent: Fri 10/5/12 1:41 PM

To: Audette, Emily

Welcome Joe Anyone,

This confirms your password has been reset for the Washington State Random Moment Time Study October-December 2012 pilot administered by the University of Massachusetts Medical School.

Your user ID is AnyoneJo

Your initial, temporary password is znr5enph

Please use the following web site to login: <https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=AnyoneJo>

NOTE:

1) The user ID and password are case sensitive. Please enter them exactly as stated above in unner and lower-case.

Copy this

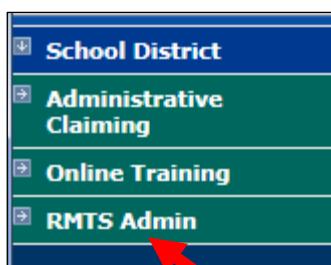
Click Here

STEP 5: At the login page of the RMTS website, paste in the temporary password where indicated (your User ID will already be pre-populated if you accessed the URL from an email) and click the 'login' button.

STEP 6: If you have never logged in before, you will need to accept the User Access Agreement. Whether you have logged in before or not, you will be prompted to change your password. Choose a password you will easily remember, and click the 'save' button.

PARTICIPANT MANAGEMENT

If you are logged into the School Based Claiming system, select '**RMTS Admin**' from the left-hand navigation menu to transfer to Participant Management.



The My Participants grid for the Random Moment Time Study (RMTS) identifies individuals from your School District that you have named to participate in the RMTS. Prior to the start of a quarter, the MAC Coordinator uploads or updates information about each RMTS participant into the RMTS system. The information includes the participant's name, job description, claiming unit, supervisor, work schedule, and employment status.

From this screen, you will be able to:

- Add new participants
- Update information about current participants who will be continuing to participate
- De-activate staff members who will no longer be participating
- Re-activate staff who participated in the past, but did not participate in the most recent RMTS quarter

The system allows more than one way to complete most functions, including clicking on an action icon in the left hand column of the participant grid, opening a form by clicking on the Employee ID, making changes directly in the participant grid, or importing and exporting files.

CONFIRM THAT YOU ARE WORKING IN THE CORRECT QUARTER

The RMTS System will default to displaying participant information related to the Next Quarter. But it's always a good practice to double check that the Next Quarter is displayed in the 'Quarter' navigational field near the top left of the screen.

	Employee ID	Last Name	First Name	Email Address
	UMMS81624	Apple	Penny	susan.dadah@umassmed.edu
	UMMS81628	Aster	Tina	susan.dadah@umassmed.edu
	UMMS81627	Chocolate	Cynthia	susan.dadah@umassmed.edu
	UMMS81620	Daffodil	Paul	susan.dadah@umassmed.edu

GENERAL INFORMATION ABOUT USING THE 'MY PARTICIPANTS' GRID

On the grid, you will notice that the first four columns will freeze as you scroll to the right, and filters at the top of every field will help you search for information as you type in the field. Find what works best for you.

	Employee ID	Last Name	First Name	Email Address
	UMMS81690	Blondie		Blondie@test.com
	UMMS81691	Bloomers		Bloom@test.com
	UMMS81692	Blossom		Blossom@test.com
	UMMS81722	Thistleblossom		Thistleblossom@tst.com

Maximize your screen to see as many fields as possible. Fields listed include: Employee Number, Last Name, First Name, Email Address, Job Pool, Job Description, Job Type (Employee or Contractor) and Federally Funded %.

My Participants

Quarter: **Next Quarter: 2016 Oct - Dec** Fiscal Quarter Selected: Q2 FY17 [Add New Participant](#)

Participant Grid Clear Filters Include Inactive Participants

	Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Job Type E or C	Fed Fund %
	UMMS81686	Beauty	Aurora	Beaty@test.com	Education	Secondary Teacher	Employee	0
	UMMS81687	Berry	Snow White	Berry@test.com	Education	Other Teacher	Employee	0
	UMMS81688	Bibbidy	Cinderella	Bibbidy@test.com	Education	Other Teacher	Employee	0
	UMMS81689	Birdadette	Tiana	Birdadette@test.com	Social & Health Care Services	Nurse	Employee	0
	UMMS81690	Blondie	Rapunzel	Blondie@test.com	Administration	Elementary Principal	Employee	0
	UMMS81691	Bloomers	Aurora	Bloom@test.com	Administration	Office/Clerical	Employee	0
	UMMS81692	Blossom	Mulan	Blossom@test.com	Social & Health Care Services	Psychologist	Employee	0
	UMMS81693	Brie	Cinderella	Brie@test.com	Education	Other Teacher	Employee	0
	UMMS81694	Daisy	Rapunzel	Daisy@test.com	Education	Secondary Teacher	Employee	0
	UMMS81695	Fern	Aurora	Fern@test.com	Education	Other Teacher	Employee	0

5 10 20 Page 1 of 4 (39 items) 1 2 3 4

[Complete Quarter](#)

If you need to navigate to a different quarter, select the quarter from the 'Quarter' drop-down menu.

My Participants

Quarter: **Next Quarter: 2016 Oct - Dec** Fiscal Quarter Selected: Q2 FY17

Participant Grid

Future Quarter: 2017 Jan - Mar
 Next Quarter: 2016 Oct - Dec
 Current Quarter: 2016 Jul - Sep
 2016 Apr - Jun
 2016 Jan - Mar
 2015 Oct - Dec
 2015 Jul - Sep
 2015 Apr - Jun
 2015 Jan - Mar
 2014 Oct - Dec
 2014 Jul - Sep
 2014 Apr - Jun
 2014 Jan - Mar

CREATING A PARTICIPANT LIST

UMMS provides an Excel file template to complete the initial upload process. Dropdown menus, where provided, must be used to populate information (no manual entry allowed). For subsequent uploads the MAC Coordinator can use the extraction function to make any changes to future quarter participant lists.

Note: SDs may only include staff on the participant upload file if they are eligible to participate in the RMTS. Each field must be completed. If the System does not recognize any data entered, it will not allow the file to upload. Rather than completing a brand new spreadsheet each quarter, the MAC Coordinator extracts the current participant list from the system. Once extracted, new staff can be added, and updates to any of the fields made. After the spreadsheet is updated it must be uploaded for use in the upcoming quarter.

The following is an example of the participant spreadsheet:

Employee ID	Last Name	First Name	Email Address	Job Description	Job Type E Or C	Active Y or N	FFP	Med. Yes or No	Schedule	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3
1234	Doe	Jane	Jane.doe@sd.rmts	Teacher	E	Y		Y	Standard	Supervisor1@sd.rmts	Supervisor2@sd.rmts	Supervisor3@sd.rmts
1235	Smith	Bob	Bob.smith@sd.rmts	Principal	E	Y		Y	Standard	Supervisor1@sd.rmts	Supervisor2@sd.rmts	Supervisor3@sd.rmts
1236	Guy	One	One.guy@sd.rmts	Program Coordinator	C	Y		Y	Thurs. p.m. off	Supervisor1@sd.rmts	Supervisor2@sd.rmts	Supervisor3@sd.rmts
1237	Girl	One	One.girl@sd.rmts	Social Worker	C	Y	25%	Y	Mon - Wed	Supervisor1@sd.rmts	Supervisor2@sd.rmts	Supervisor3@sd.rmts


- It is **critical** that all uploaded files be named according to the naming convention provided by UMMS:
HP_TS_WA-SCHOOLS_MAC VENDOR NUMBER_Qtr_Year_file#.xls
 - Example:** HP_TS_WA-SCHOOLS_MAC VENDOR NUMBER_2_2015_01.xls
- In order to upload an additional file, the naming convention provided by UMMS must be used, but simply change the version number at the end of the file name.
 - Example:** HP_TS_WA-SCHOOLS_2_2015_02.xls
- The System will **not** accept the upload if there are errors in the spreadsheet or naming convention.

EXPLANATION OF THE INFORMATION NEEDED FOR THE PARTICIPANT UPLOAD FILE



Title	Explanation
Employee ID:	This is a number that is assigned by UMMS. The participant will be identified by this number across participating quarters.
Last Name:	The last name of the participant.
First Name:	The first name of the participant.
Email address:	The worksite email address of the participant. No personal email addresses.
Job Description	The participant's job title/classification.
Job Type (E or C):	Employee of the SD or a contracted staff
Active:	This indicates the participant is actively participating in the time study.
FFP:	The percentage of salary that is paid from federal funds.
Medical:	Enter Y if the participant is contracted for or works in the School Based Health Care Services (SBHS) program. Otherwise, enter N.
Schedule:	Each MAC Coordinator is able to enter calendar information for the SD and may expand that detail to building and/or individual level.
Supervisor email #1:	This is the first person other than the participant to receive a reminder if a participant fails to complete their moment 4 hours, 12 hours and 24 hours before the moment's expiration date.
Supervisor email #2:	This is the second person other than the participant to receive a reminder at if a participant fails to complete 4 hours, 12 hours and 24 hours before the moment's expiration date.
Supervisor email #3:	This is the third person other than the participant to receive a reminder if a participant fails to complete their moment 4 hours, 12 hours and 24 hours before the moment's expiration date.

EDITING INFORMATION

STEP 1: Click on the **'pencil'** in the left hand column.

	Employee ID	Last Name	First Name
 	UMMS81686	Beauty	Aurora
 	UMMS81687	Berry	Snow White
 	UMMS81688	Bibbidy	Cinderella


- As you tab across each field, it becomes interactive and you can update information.
- After your edits are complete, save your changes by clicking on the **'green check mark icon'** in the left column, or cancel your changes and return to the grid view without saving by clicking on the **'black reverse arrow'**.

	Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Job Type E or C
 	UMMS81686	Beauty	Aurora	Beauty@Test.com	Education	Secondary Teacher	Employee
	UMMS81687	Berry	Snow White	Berry@test.com	Education	Other Teacher	Employee
	UMMS81688	Bibbidy	Cinderella	Bibbidy@test.com	Education	Other Teacher	Employee

STEP 2: Click on the **'Employee ID'**.

	Employee ID	Last Name	First Name
 	UMMS81686	Beauty	Aurora
 	UMMS81687	Berry	Snow White
 	UMMS81688	Bibbidy	Cinderella

- Edit Participant form opens. Make edits and click **'Save'**.

 Edit Participant

Fiscal Quarter Selected: Q2 FY17

Profile

* Employee ID :

* Last Name :

* First Name :

* Email Address :

* Active Yes or No :

Job Details

* Job Pool :

* Job Description :

* Job Type E or C :

* Fed Fund % :

Work Schedule :

Supervisor Emails

Supervisor Email # 1 :

Supervisor Email # 2 :

Supervisor Email # 3 :

INACTIVATING PARTICIPANTS

If someone is no longer going to participate in the RMTS program for the next quarter or indefinitely, they can be marked as inactive. If someone leaves during the quarter and moments have been generated, see the section on Change of Status (COS) forms.

STEP 1: Click on the **'red x'** in the left hand column.

	Employee ID	Last Name	First Name
 	 UMMS81686	Beauty	Aurora
 	 UMMS81687	Berry	Snow White
 	 UMMS81688	Bibbidy	Cinderella

- You will see a confirmation box. Click **'Yes'**.

Confirm ✕

Do you want to deactivate the participant?

- The person's information will no longer be displayed on the grid (unless you choose the option to display inactive participants).

STEP 2: Click on the **'Employee ID'**.

	Employee ID	Last Name	First Name
 	 UMMS81686	Beauty	Aurora
 	 UMMS81687	Berry	Snow White
 	 UMMS81688	Bibbidy	Cinderella

- a. Edit Participant form opens. Change **'Active Yes or No'** field to **'No'**. Click **'Save'**.

Profile

* Employee ID : UMMS81687

* Last Name : Berry

* First Name : Snow White

* Email Address : Berry@Test.com

* Active Yes or No : Yes

Job Details

* Job Pool : Education

* Job Description : Other Teacher

* Job Type E or C : Employee

New Change of Status Request Save Cancel

RETURNING INACTIVE PARTICIPANTS

When a prior RMTS participant returns to the RMTS program for the next quarter, you can reactivate their participant information to include them. This prevents having to re-enter information.

Option 1: Click on the box labeled **'Include Inactive Participants'** on the right side, above the grid.

- a. Click on the **'green arrows'** in the left hand column.

My Participants

Quarter: Next Quarter: 2016 Oct - Dec Fiscal Quarter Selected: Q2 FY17 Add New Participant

Participant Grid Import Status

Include Inactive Participants

	Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Job Type E or C	Fed Fund %	Work Sched
	UMMS81685	Bayou	Tiana	Bayou@test.com	Social & Health Care Services	Counselor	Employee	0	(All)
	UMMS81686	Beauty	Aurora	Beauty@test.com	Education	Secondary Teacher	Employee	0	(All)
	UMMS81687	Berry	Snow White	Berry@test.com	Education	Other Teacher	Employee	0	(All)
	UMMS81688	Bibbidy	Cinderella	Bibbidy@test.com	Education	Other Teacher	Employee	0	(All)

- b. You will see a confirmation box. Click **'Yes'**.

Confirm

Do you want to activate the participant?

Yes No

c. The person's information will be displayed on the grid as an active participant.

My Participants

Quarter: Next Quarter: 2016 Oct - Dec Fiscal Quarter Selected: Q2 FY17 [Add New Participant](#)

Participant Grid Import Status

	Employee ID	Last Name	First Name	Email Address	Job Pool
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(All)
	UMMS81685	Bayou	Tiana	Bayou@test.com	Social & Health Care Services
	UMMS81687	Berry	Snow White	Berry@test.com	Education
	UMMS81688	Bibbidy	Cinderella	Bibbidy@test.com	Education

Option 2: Click on the *'Employee ID'*.

	Employee ID	Last Name	First Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	UMMS81686	Beauty	Aurora
	UMMS81687	Berry	Snow White
	UMMS81688	Bibbidy	Cinderella

a. Edit Participant form opens. Change *'Active Yes or No'* field to *'Yes'*. Click *'Save'*.

Profile

* Employee ID :

* Last Name :

* First Name :

* Email Address :

* Active Yes or No :

Job Details

* Job Pool :

* Job Description :

* Job Type E or C :

ADDING NEW PARTICIPANTS

STEP 1: Click on the *'Add New Participant'* link at the top of the grid.

My Participants

Quarter: Next Quarter: 2016 Oct - Dec Fiscal Quarter Selected: Q2 FY17 [Add New Participant](#)

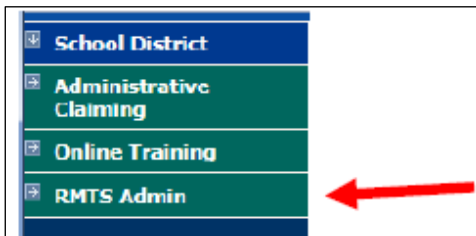
Participant Grid Import Status

- a. Add Participant form opens. Add the appropriate information. Click **'Save'**.

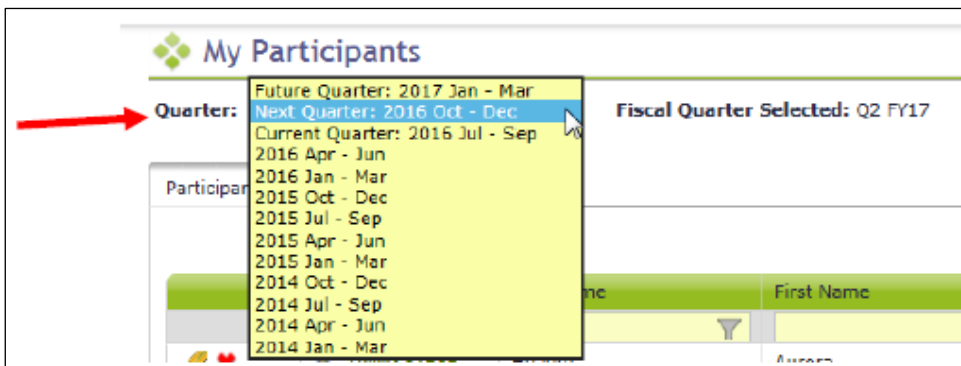
EXTRACTING PARTICIPANT FILES

Following the initial quarter, the MAC Coordinator can extract a file listing all of the time study participants from the System. This file can be edited to create the next quarter's eligible participant list and uploaded.

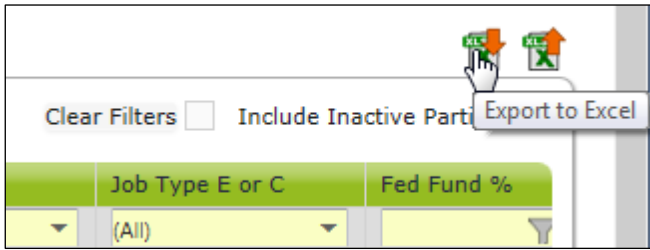
STEP 1: Select **'RMTS Admin'** from the left-hand navigation menu to transfer to Participant Management.



STEP 2: From the **'Quarter'** dropdown menu, select the quarter you'd like to extract your participant file from.



STEP 3: Click on the **'Export to Excel'** icon on the right-side of the screen.



STEP 4: Make any required changes to participant's information.

STEP 5: Add new participants.

STEP 6: Delete any participant as necessary

Last Name	First Name	Email Address	Work Schedule	Supervisor 1	Supervisor 2	Supervisor 3
Doe	Jane	jane.doe@wa.state.gov	Mondays off	Tom.Smith@wa.state.gov	Alice.Smith@wa.state.gov	
Doe	John	john.doe@wa.state.gov	Fridays off	Tom.Smith@wa.state.gov		
Doe	Lisa	lisa.doe@wa.state.gov	Mondays off	Tom.Smith@wa.state.gov	Alice.Smith@wa.state.gov	
Doe	Alice	alice.doe@wa.state.gov	Mondays off	Tom.Smith@wa.state.gov		
Doe	William	william.doe@wa.state.gov	Fridays off	Tom.Smith@wa.state.gov		

STEP 7: Save file for upload according to the naming convention provided by UMMS.

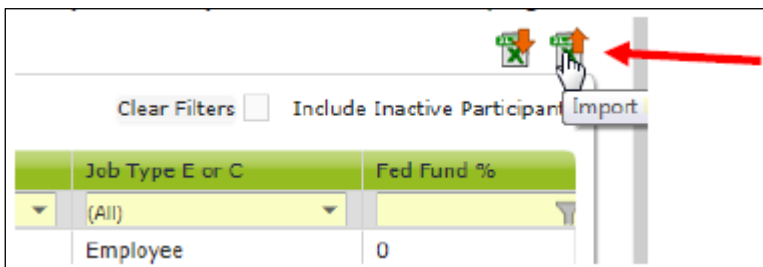
This file is ready for upload

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Employee ID	Last Name	First Name	Email Address	Job Description	Job Type E or C	Active Y or N	FFP	FTE	Medical Yes or No	School	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3
1	100	Smith	Tom	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Standard Hours	email@hca.wa.gov	email@hca.wa.gov	
2	101	Jones	Alice	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Monday Off	email@hca.wa.gov	email@hca.wa.gov	
3	102	Diaz	Bill	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Monday Off	email@hca.wa.gov	email@hca.wa.gov	
4	103	Williams	John	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Standard Hours	email@hca.wa.gov	email@hca.wa.gov	
5	104	White	James	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Standard Hours	email@hca.wa.gov	email@hca.wa.gov	
6														
7														

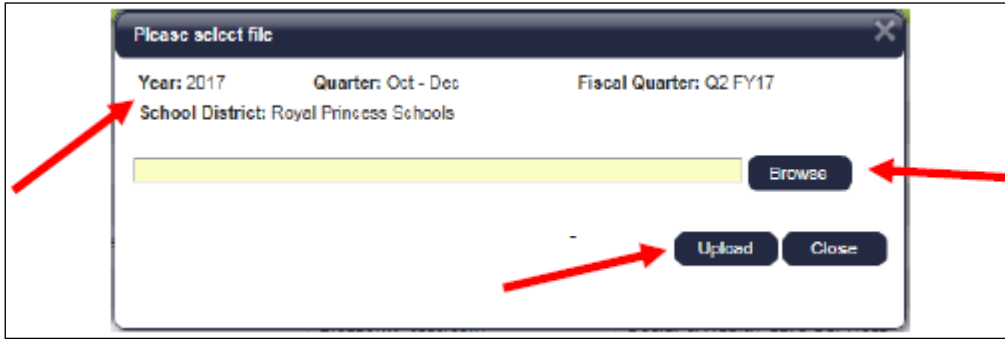
UPLOADING PARTICIPANT FILES

Participant files must be uploaded 30 days before the start of each quarter, even if there are no changes from the current quarter. All participant files must be uploaded before moments are generated. This ensures an accurate pool of participants.

STEP 1: Click on the **'Import'** icon on the right-side of the screen.



STEP 2: Confirm the Year, Quarter, and School District Name, then click **'Browse'**.



STEP 3: Select your file based on the name you assigned it and click **'Upload'**.

Note: Files **must** follow the naming convention provided by UMMS.

STEP 4: Review the Import Report to verify the changes. This report identifies all changes that your upload file will make to your participant list. These changes are detailed in three (3) sections:

- New Participants
- Deactivated Participants
- Upload Changes

Import Report

Confirm the following changes for the following school district

Year: 2017 Quarter: Oct - Dec Fiscal Quarter: Q2 FY17
 School District: Royal Princess Schools

New Participants

Last Name	First Name	Email Address	Job Description	Work Schedule	Supervisor Email #1
Newperson	Test	Windflower@tst.com	Psychologist		BigBadWolf@test.com

Deactivated Participants

Employee Id	Last Name	First Name	Email Address	Deactivated Start Date
UMMS81687	Berry	Snow White	Berry@test.com	10/1/2016 12:00:00 AM

Upload Changes

Employee Id	First Name	Last Name	Field Name	New Value	Old Value
UMMS81686	Aurora	Beauty	Email Address	Michael@test.com	Beaty@test.com

Review
Confirm
Reject

STEP 5: Review the changes to make sure that everything is accurate. Then select one of the following actions:

- Review: Click this button to export an Excel version of the report for further review. **Note:** If you select this option, you will need to return to the **'Import Status'** tab to confirm or reject the upload file.
- Confirm: Click this button to confirm that the changes in the file are accurate and to process those changes.
- Reject: Click this button to reject the upload file if errors have been found. You will need to correct any errors and re-upload a new file.

STEP 6: Click on the **'Import Status'** tab, click on the Excel Report icon to open the Imported Report and **'Confirm'** the report if it is still in **'Review'** status. The report should be displayed as **'Successful'** when done.

My Participants

Quarter: Next Quarter: 2016 Oct - Dec Fiscal Quarter Selected: Q2 FY17 [Add New Participant](#)

Participant Grid | **Import Status**

File Name	Status	Report	Imported-By
Royal Princess Schools FY17 Q2.xlsx	Review		Belle Teacup
Q2 FY17.xlsx	Successful		Belle Teacup

Note: Changes and additions in the file will not be made to the system until this step has been completed. Participants who are not listed on the upload file will be deactivated for the upcoming quarter and will be reported on the "Deactivated Health Personnel" report.

Note: Files should not be left in Review status. If any files are left in Review status, they must be deleted in order to upload future files.

COMPLETE QUARTER – FINALIZING PARTICIPANT MANAGEMENT

When all updates have been completed, and before the submission deadline listed in Section A, click **'Complete Quarter'** in the lower right hand corner. This will confirm that you have completed your updates for the next quarter and it will lock the system. If for any reason you realize you need to make changes after you have already marked a quarter as complete, contact UMMS to open the Participant Management screens for you.

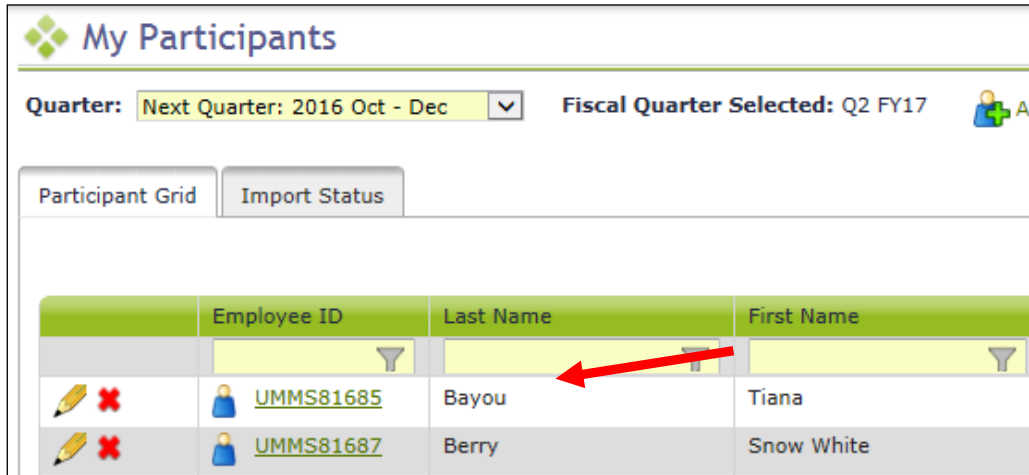
Page 1 of 4 (39 items) 1 2 3 4

Complete Quarter







NEW CHANGE OF STATUS REQUEST DURING THE QUARTER

If someone is not able to participate in the Random Moment Time Study after moments have been generated, you can submit a **Change of Status Request** using the 'My Participants' screens.

STEP 1: Locate the participant for the Change of Status and click on the '**Employee ID**' for that person.

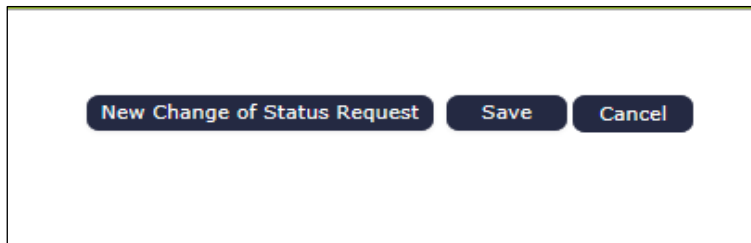


The screenshot shows the 'My Participants' interface. At the top, there is a header with the title 'My Participants' and a logo. Below the header, there are two dropdown menus: 'Quarter: Next Quarter: 2016 Oct - Dec' and 'Fiscal Quarter Selected: Q2 FY17'. There are two tabs: 'Participant Grid' and 'Import Status'. Below the tabs is a table with the following columns: 'Employee ID', 'Last Name', and 'First Name'. The table contains two rows of data:

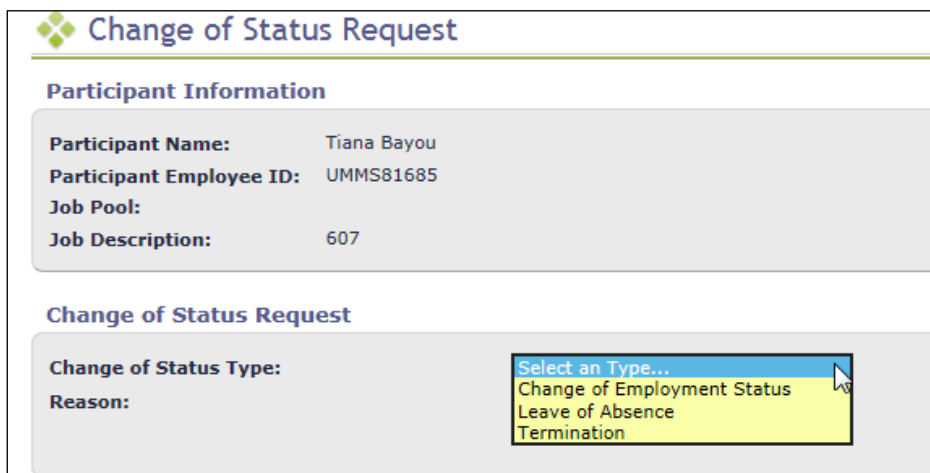
	Employee ID	Last Name	First Name
 	 UMMS81685	Bayou	Tiana
 	 UMMS81687	Berry	Snow White

A red arrow points to the 'Employee ID' field for the participant 'Tiana Bayou'.

STEP 2: Click 'New Change of Status Request'



STEP 3: Select Change of Status Type from the drop-down menu.

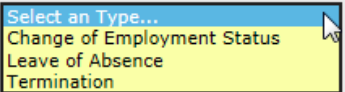


The screenshot shows the 'Change of Status Request' form. The form is divided into two sections: 'Participant Information' and 'Change of Status Request'. The 'Participant Information' section contains the following fields:

Participant Information

Participant Name: Tiana Bayou
Participant Employee ID: UMMS81685
Job Pool:
Job Description: 607

The 'Change of Status Request' section contains the following fields:

Change of Status Type: 
Reason:

The dropdown menu for 'Change of Status Type' is open, showing the following options:

- Select an Type...
- Change of Employment Status
- Leave of Absence
- Termination

STEP 4: Depending upon the Change of Status Type, other questions will be asked. When completed, click Submit.

Change of Status Request

Change of Status Type: Leave of Absence

Leave of Absence Reason: Select an Reason...

Paid
 Unpaid
 Undetermined

Change of Status Request

Change of Status Type: Change of Employment Status

Change of Employment Status Reason: Select an Reason...

Change of Employment Status Start Date:

Change of Status Request

Change of Status Type: Termination

Termination Reason: Select an Reason...

Termination Start Date:

STEP 5: You will receive a confirmation message. Click confirm.

Confirm

Once approved, this participant will be removed from the RMTS process. Are you sure you want to submit the Change of Status?

Confirm Cancel

RMTS CALENDAR MANAGEMENT

The purpose of this section is to provide an overview of the calendaring feature within the RMTS System. This section also provides step-by-step instructions for how to successfully set up district-wide, work schedule specific, and participant-level calendars.

CALENDAR OVERVIEW

The System follows the state fiscal year which runs from July 1st through June 30th. The following table lists the dates for each quarter of a fiscal year. The first quarter of each claiming state fiscal year is an average of the previous three quarters.

<i>First Quarter</i>	<i>Second Quarter</i>	<i>Third Quarter</i>	<i>Fourth Quarter</i>
<i>July'16 – Sept'16</i>	<i>Oct. '16 – Dec.'16</i>	<i>Jan.'16 – March'16</i>	<i>April'16 – June'16</i>
<i>July'17 – Sept'17</i>	<i>Oct.'17 – Dec.'17</i>	<i>Jan'17. – March'17</i>	<i>April'17 – June'17</i>
<i>July'18 – Sept '18</i>	<i>Oct.'18 – Dec.'18</i>	<i>Jan.'18 – March'18</i>	<i>April'18 – June'18</i>
<i>July'19 – Sept '19</i>	<i>Oct.'19 – Dec.'19</i>	<i>Jan.'19 – March'19</i>	<i>April'19 – June'19</i>

Prior to beginning the time study, SDs must identify their general work hours, work days, scheduled closures such as holidays or non-school days, and typical employee work shifts. The MAC Coordinator enters this calendar information into the System prior to the beginning of each quarter. All calendar changes must be made before moments are generated. Moments will only be generated during the days and hours the MAC Coordinator enters in the System's calendar.

Prior to each RMTS quarter, you will complete the following tasks:

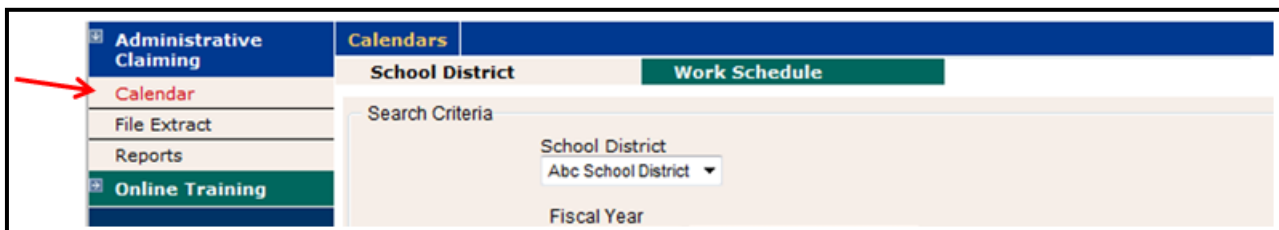
- Annually, by Sept. 10th, enter your School District (district-wide) calendar
- Quarterly, create any new Work Schedules
- Quarterly, edit your Work Schedule date and time information
- Review system-generated reports to ensure the accuracy of your Work Schedules

TASK ONE: ENTER YOUR SCHOOL DISTRICT (DISTRICT-WIDE) CALENDAR INFORMATION

Start by entering a '**School District**' calendar. This calendar will contain your district-wide school vacation days and holidays. By entering these district-wide days off on the '**School District**' calendar, the information will automatically be populated into each of the '**Work Schedule**' calendars for you, saving you time, and ensuring consistency.

Note: If changes to the '**School District**' calendar are made after the '**Work Schedule**' calendars have been generated, the '**School District**' changes will not carry over to the '**Work Schedule**' calendars. Each '**Work Schedule**' calendar will need to be modified manually.

STEP 1: From the left hand navigation bar select '**Administrative Claiming**' and that menu section will expand. Then select '**Calendar.**' Across the top of the screen will be two tabs: '**School District**' and '**Work Schedule**'.

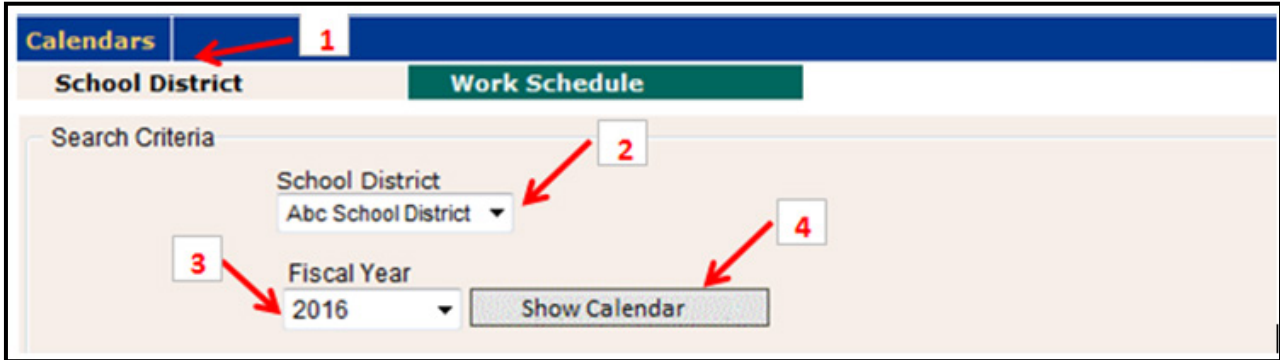


STEP 2: Click on the '**School District**' tab from across the top of the screen.

STEP 3: Select your School District in the Search Criteria drop down.

STEP 4: Select the correct Fiscal Year from the Fiscal Year drop down menu (for example, 7/1/16-6/30/17 = FY 2017).

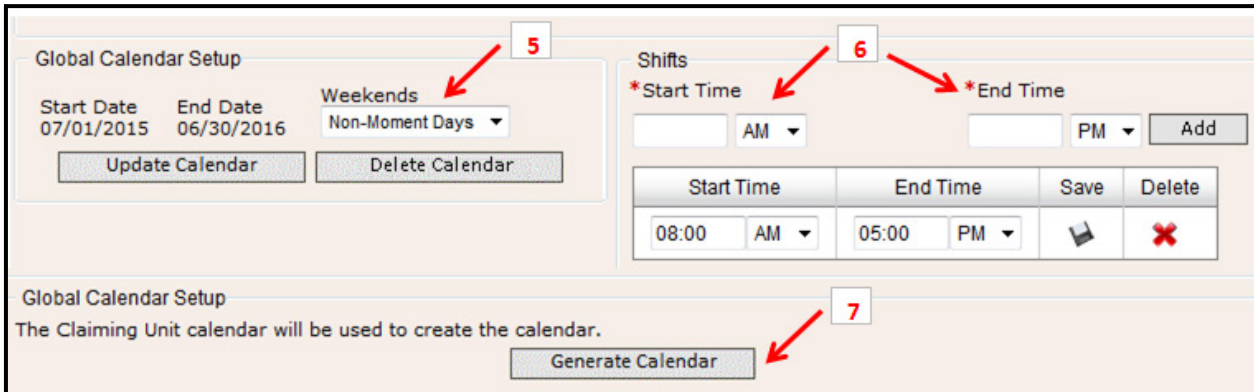
STEP 5: Click on the *'Show Calendar'* button.



STEP 6: In the Global Calendar Setup section of the top of the screen, choose Weekends as *'Non-Moment Days'*.

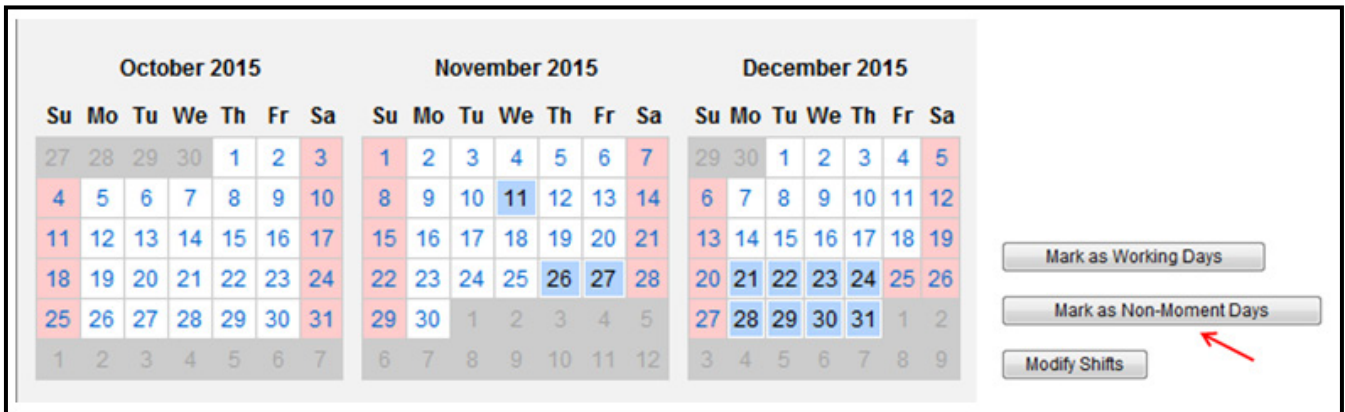
STEP 7: Enter a default start and end time. This should be the most common start and end times for your staff. (Don't worry, you will be able to change this as you set up each *'Work Schedule'* calendar).

STEP 8: Click on the *'Generate Calendar'* button.



STEP 9: Enter all district-wide non-working days, such as federal holidays or school vacation time, by clicking on any days off so that the selected days turn blue.

STEP 10: Click on *'Mark as Non-Moment Days'* button.



STEP 11: All selected days turn pink to indicate that they are non-working or non-moment days.

October 2015							November 2015							December 2015						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3	1	2	3	4	5	6	7	29	30	1	2	3	4	5
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
25	26	27	28	29	30	31	29	30	1	2	3	4	5	27	28	29	30	31	1	2
1	2	3	4	5	6	7	6	7	8	9	10	11	12	3	4	5	6	7	8	9

Note: There is no **'Save'** button or action. Work is saved automatically as you go. Once the District-wide calendar information has been completed, then proceed to enter the calendar data for each Work Schedule Group.

TASK TWO: CREATE ANY NEW WORK SCHEDULES

Review your participants and the scheduled hours that they work. Group participants together by common work schedule. For each work schedule that you'll be assigning to one or more of your participants, you'll create a 'Work Schedule' name in the system. That name will then be used on your list of participants to match up your participants to their correct Work Schedule so that the RMTS will select random moments for your participants on dates and times when they will be working.

From the left hand navigation bar select **'School District'** and the screen below will be displayed. Click on the hyperlink for the School District Name.

School District	SD Hierarchy			
Administrative Claiming	School District : <input type="text" value="tr"/>	Provider Number : <input type="text"/>	NPI : <input type="text"/>	Status : <input type="text" value="Active"/>
Online Training	Service Type : <input type="text" value="Any"/> <input type="button" value="Search"/>			
RMTS Admin	Page 1			
	School District ▲	Provider Number	NPI	Service Type
	Training School District	06119	00000K1608	AAC

A list of all the current Work Schedules, if any, will be displayed on the next screen. To add a new Work Schedule, click on the **'Add'** hyperlink. To delete an existing Work Schedule, click on the **'Delete'** hyperlink.

School District	SD Hierarchy		
Administrative Claiming	School District : Training School District		
Online Training	Service Type : AAC		
RMTS Admin	Page 1 2		
	Add Delete		
School Name ▲	Start Date	End Date	<input type="checkbox"/>
630 am -300 pm	10/01/2015		<input type="checkbox"/>
700 am -300 pm	10/01/2015		<input type="checkbox"/>
700 am -330 pm	10/01/2015		<input type="checkbox"/>
730 am -300 pm	10/01/2015		<input type="checkbox"/>
730 am -330 pm	10/01/2015		<input type="checkbox"/>
730 am -400 pm	10/01/2015		<input type="checkbox"/>
730 am -530 pm	10/01/2015		<input type="checkbox"/>
740 am -310 pm	10/01/2015		<input type="checkbox"/>
745 am -300 pm	10/01/2015		<input type="checkbox"/>
745 am -315 pm	10/01/2015		<input type="checkbox"/>
800 am -330 pm	10/01/2015		<input type="checkbox"/>
800 am -430 pm	10/01/2015		<input type="checkbox"/>
800 am -500 pm	10/01/2015		<input type="checkbox"/>
810 am -350 pm	10/01/2015		<input type="checkbox"/>
830 am -230 pm	10/01/2015		<input type="checkbox"/>
			Add Delete
<input type="button" value="Close"/>			

Enter a name for your work schedule in the **'Name'** field and enter a **'Start Date'** as of the first day of the quarter when you will first use this schedule. Then click **'Save'**.

School District : Training School District	
Service Type : AAC	
Add School	
* School Name :	<input type="text" value="715 am -315 pm"/>
School ID :	<input type="text"/>
School Short Name :	<input type="text"/>
School Type :	<input type="text"/>
*Start Date :	<input type="text" value="10/01/2016"/> ▼
<input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>	

TASK THREE: EDIT YOUR WORK SCHEDULE DATE AND TIME INFORMATION

STEP 1: Click on the **'Work Schedule'** tab.

STEP 2: Select your School District in the Search Criteria drop down.

STEP 3: Select a Work Schedule Group from the **'Work Schedule'** drop down menu.

STEP 4: Select the correct Fiscal Year from the Fiscal Year drop down menu (for example, 7/1/16-6/30/17 = FY 2017).

STEP 5: Click on the **'Show Calendar'** button.

STEP 6: Click on the *'Generate Calendar'* button.

Note: The *'Work Schedule'* calendar is automatically populated with the non-moment days that were set up on the *'School District'* calendar. Enter any additional days off or change days off that are specific to the particular Work Calendar Group you are editing.

STEP 7: To change days that are marked as Non-Moment Days (pink) and make them working days, simply click on the selected days so that they turn blue, then click on the button *'Mark as Working Days'*.

October 2015							November 2015							December 2015						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3	1	2	3	4	5	6	7	29	30	1	2	3	4	5
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
25	26	27	28	29	30	31	29	30	1	2	3	4	5	27	28	29	30	31	1	2
1	2	3	4	5	6	7	6	7	8	9	10	11	12	3	4	5	6	7	8	9

STEP 8: Update the Start and End times for the selected Work Schedule Group by editing those times in the *'Shifts'* section at the top of the screen.

The screenshot shows the 'Shifts' section of the software. It includes a table with columns for 'Start Time', 'End Time', 'Save', and 'Delete'. A red arrow points to the 'End Time' column header. The table contains one row with the following data:

Start Time	End Time	Save	Delete
08:00 AM	05:00 PM		

STEP 9: To change the hours for a specific day, for example for a partial day, follow the steps below:

STEP 9a: Select the day, (if multiple days, simply click on the selected days to turn them blue) highlighting it blue means it's selected. In the example below, the day before Thanksgiving is selected.

STEP 9b: To modify the hours, click on *'Modify Shifts'*.

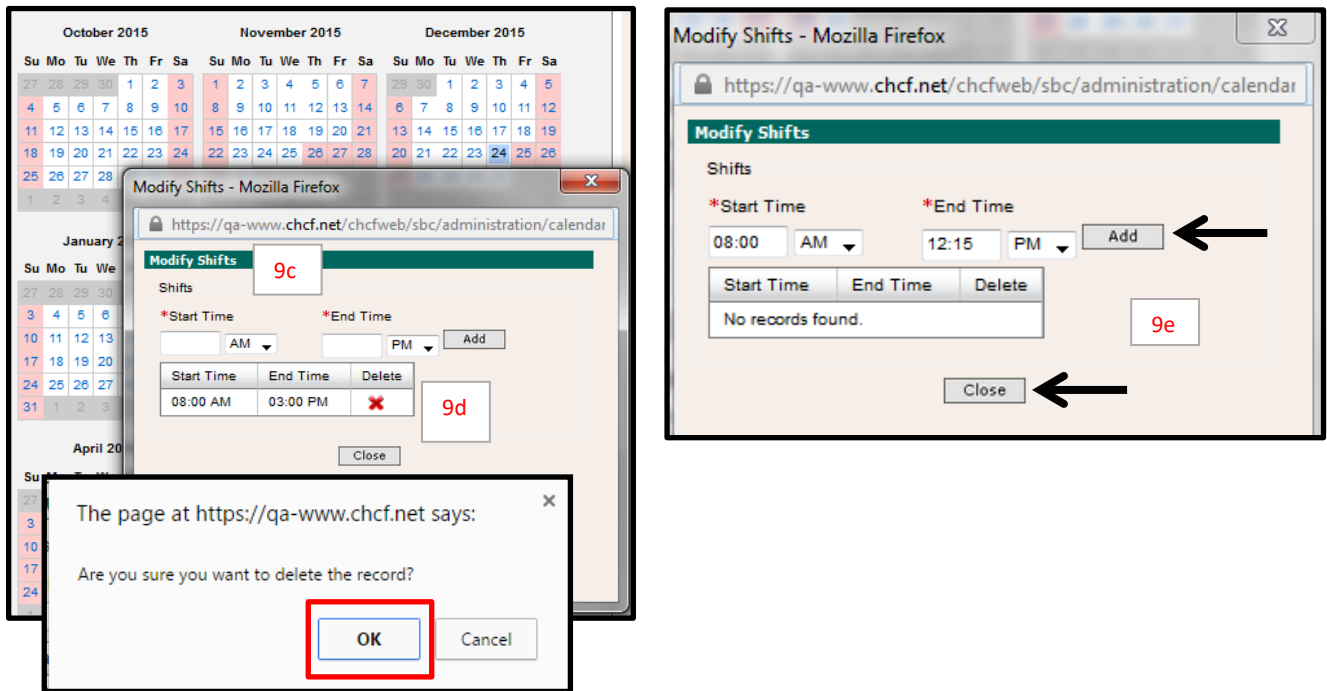
The screenshot shows the 'Calendars' section of the software. It includes a calendar for 2015. The 'Modify Shifts' button is circled in red. The calendar shows the following data:

Month	Su	Mo	Tu	We	Th	Fr	Sa
July 2015	28	29	30	1	2	3	4
August 2015	25	27	28	29	30	31	1
September 2015	30	31	1	2	3	4	5
October 2015	27	28	29	30	1	2	3
November 2015	1	2	3	4	5	6	7
December 2015	29	30	1	2	3	4	5

STEP 9c: The *'Modify Shifts'* dialog box will appear.

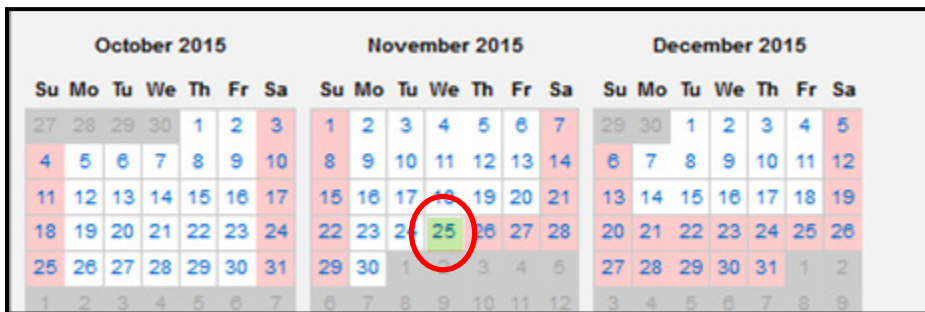
STEP 9d: Select the *'red x'* to delete the current shift times.

STEP 9e: Then enter the new Start and End times – carefully review the data entry, you must specify AM/PM. Select the *'Add'* button and then the *'Close'* button.



Note: If you receive the above message, select **'OK'**.

STEP 9f: The selected day will change from white to green.



The system will save your data. Complete the entire school year (September through June).

WELCOME EMAIL AND TRAINING

Prior to the start of the quarter, "welcome" emails are automatically sent to all new RMTS participants with instructions on how to login and establish a unique password. The welcome email lets new participants know they must complete online training before the quarter begins. All participants **must** complete online refresher training annually. The online training will help participants to:

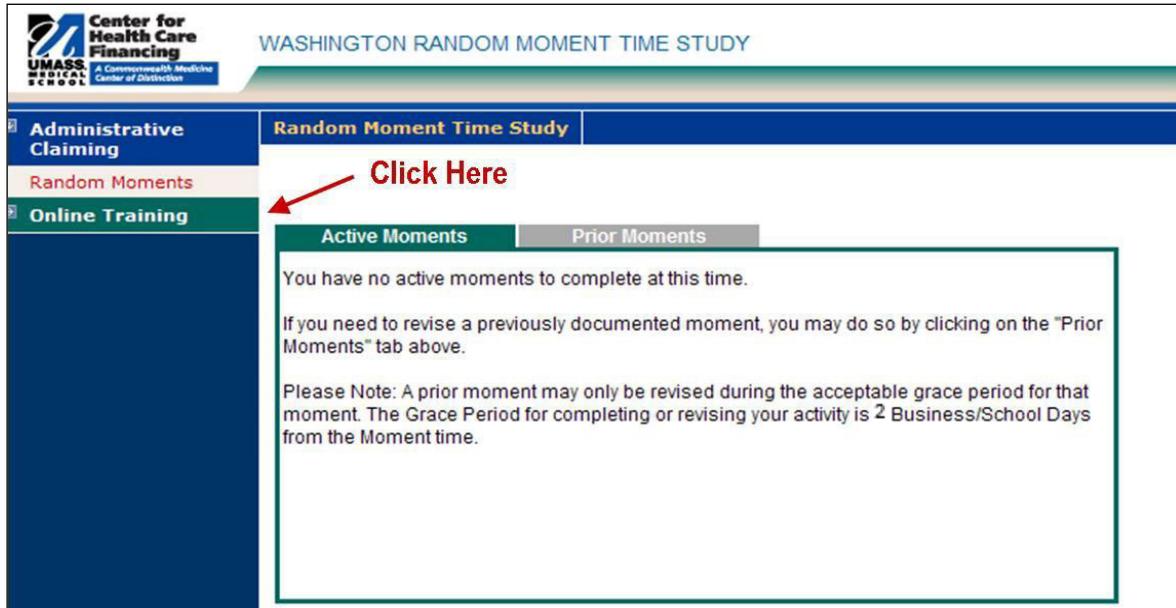
- Log into the RMTS System
- Understand RMTS
- Answer a moment

As the RMTS Coordinator, you can monitor the completion of the online quarterly training (for new participants) and

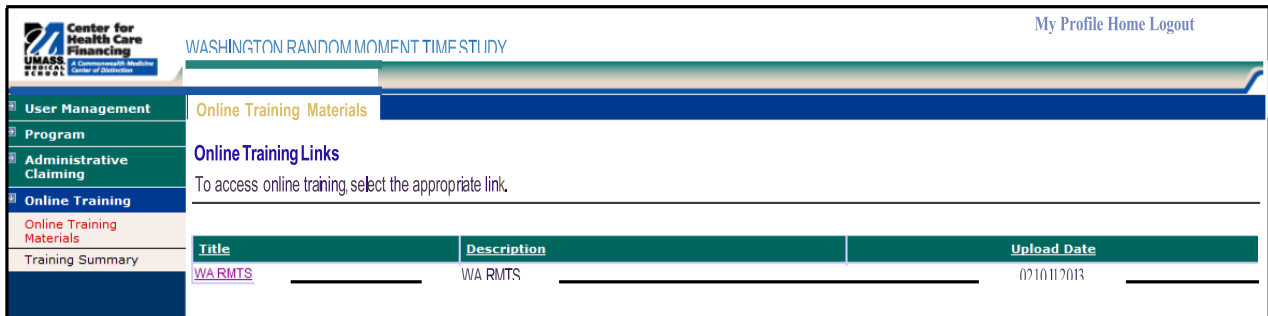
annual training (for all participants) using the [RTMS training reports](#). Participants will be prevented by the System from answering moments until they have completed the online training.

If you have not yet completed the Online Training for RMTS Participants, you can do so by following these step by step directions and screen shot examples:

STEP 1: Clicking on **'Online Training'** from the left navigation bar.



STEP 2: To complete the Online Training module, click on the Hyperlink for **'WA RMTS'**.



EMAIL NOTIFICATION

Participants will receive an email notification at the exact designated moment. The notice will include the date and time of the random moment as well as a unique URL that links the participant to the moment in question. Participants have up to five (5) working days to complete moments. Moments are no longer available after the five (5) working day grace period. If a moment is not completed, participants will receive email reminders from the System at 24 hours, 12 hours and 4 hours before the moment expires. The email reminders are also sent to the MAC Coordinator and/or supervisor(s).

ANSWERING AND COMPLETING A RANDOM MOMENT

VIEWING MOMENTS

Once participants log into the System they will see two tabs: 'Active Moments' and 'Prior Moments'. All unanswered moments will be listed under the Active Moments tab. All moments that have either been answered or have expired moments that were not answered within five (5) working days will be listed under Prior Moments. Below is an example of active moments:

Active Moments	Prior Moments
Document your Activity for 10/05/2012 10:11 AM	
Document your Activity for 10/05/2012 12:19 PM	
Document your Activity for 10/05/2012 03:41 PM	

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

ANSWERING A MOMENT

A moment consists of a series of questions the participant will complete according to *the activity* they performed precisely at the random moment. The questions, in chronological order, are:

- What type of activity were you doing?
- What specifically were you doing?
- Why were you performing this activity?
- Who were you working with?

PREDEFINED DROPDOWN RESPONSES

Each question has a set of predefined dropdown responses which correspond with activities they may be performing. Only one response is allowed for each question. If none of the predefined responses apply to that given moment, participants must free type a response in the space provided.

The screenshot shows a web browser window with the URL <https://www.chcf.net/chcfweb/sbc/popup/selectAnswer.jsp?RMSStateQASeqId=36>. The page displays a list of predefined responses for a moment, each as a blue hyperlink:

- [Advisory/workgroup meeting](#)
- [Claim review and approval](#)
- [Contract monitoring](#)
- [Contract review/development/risk](#)
- [Contractor training](#)
- [Data analysis](#)
- [E-mails/phone calls](#)
- [Fiscal activities](#)
- [General staff meeting](#)
- [Interagency coordination](#)
- [General work activities](#)
- [Meetings](#)
- [Policy/program development](#)
- [Policy/program review/improvement](#)

Below the list, there is a text input field with the instruction: "If none of the above responses accurately describes your activity, please type your answer below:". At the bottom of the form, there are two buttons: "Save" and "Close".

Note: Predefined dropdown responses are preferable to free-typed responses as this allows the System to allocate the correct activity code to the moment.

NARRATIVE DESCRIPTION

In addition to answering the four above questions, participants must provide a narrative description of the activity they recorded through the predefined dropdown responses. Once the participant selects a response for each question, a free type box appears, and the participant may enter up to 250 characters in the space provided to record their narrative.

Observation Moment : 03/19/2015 04:57 PM

* **What type of activity were you doing?** [Answer the Question](#)
Training/professional development

* **What were you doing?** [Answer the Question](#)
Training to maintain professional medical credentialing /license

* **Who were you with?** [Answer the Question](#)
Alone

* **Why were you performing this activity?** [Answer the Question](#)
Maintain professional medical credential/license

REQUIRED: Narrative for documentation of activity (limited to 250 characters)

I certify that the answers submitted are accurate and complete.

Narratives must clearly describe why the activity was being performed and who was involved. Referral activities should specifically state to whom or where a referral was made, and coordination activities should clearly explain what services were being coordinated and specifically state who was involved. Example narratives include, but are not limited to:

- I was working with the counselor and student A.J.H. regarding student's inability to complete homework assignments.
- I was completing the daily attendance report to be forwarded to the front office.

Note: Due to public disclosure, HIPAA, and FERPA policies, the use of Personally Identifiable Information (PII) is prohibited in moment narratives.

COMPLETING A MOMENT

Once finished answering the four questions and entering a narrative, participants must check the box indicating they certify the answers are true and complete, and select submit. Participants must complete moments within five (5) working days after the sampled moment. The MAC Coordinator is responsible for monitoring and ensuring all participants complete moments in a timely manner. They can follow up with the participant and monitoring the [RMTS Participant Moment Not Completed Report](#).

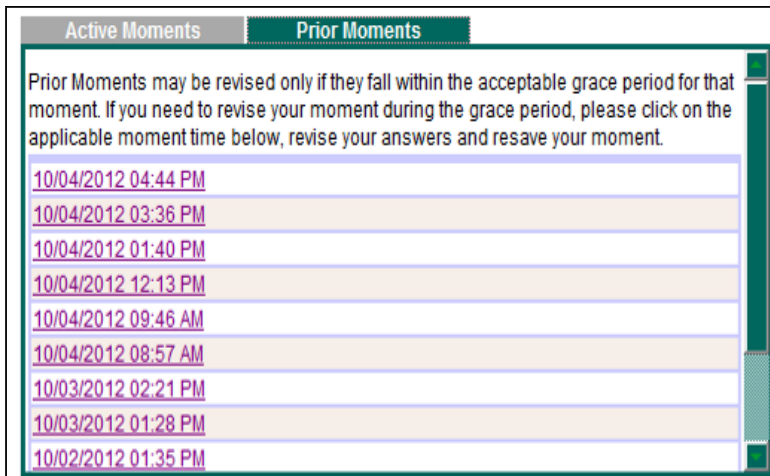
DOCUMENTATION TO SUPPORT AN RMTS MOMENT

HCA requires all participants maintain documentation for the activities they were performing during all time study moments. This documentation must be sufficiently detailed in order for HCA to determine whether the activities were necessary for the proper and efficient administration of the state Medicaid plan. It is the MAC Coordinator's responsibility to ensure participants maintain adequate documentation and ensure it is accessible for review for a minimum of six (6) years as per [RCW 40.14.060](#). Examples of supporting documentation include, but are not limited to:

- Calendars
- Chart notes
- Activity log
- Narrative

EDITING AN ANSWERED MOMENT

Participants have five (5) working days after the moment to edit responses. All moments previously completed within the quarter will be listed under the *Prior Moments* tab. Participants select the moment they wish to edit to make changes.



QUALITY ASSURANCE AND PROGRAM ADMINISTRATION

A collaborative effort is required between HCA, UMMS, and the SD to run a successful MAC program. HCA is responsible for administration and oversight of all MAC programs in the State of Washington. UMMS provides technical assistance to HCA and the SDs regarding the System. It is the responsibility of the SD to ensure their MAC program and participating staff comply with all HCA, state, and federal guidelines.

HCA ADMINISTRATION

HCA will provide oversight to the SDs MAC program by:

- Training the primary and backup MAC Coordinators
- Monitoring MAC related training
- Collecting time study and claims data for review
- Identifying areas of concern and requesting corrective action plans, if necessary
- Managing all activity coding
- Reviewing 'real time' time study results

- Reviewing quarterly invoices and claimed costs
- Reviewing the SDs supporting documentation for the time study and claim calculations

HCA conducts fiscal monitoring at least once every three (3) years for each contracted SD. HCA fiscal review will consist of an in depth analysis of one quarter of claims. HCA may select additional quarters for further claims review as needed. HCA Financial Services, Accounting staff will:

- Compare a 15% sampling of SDs payroll records to the information in the System.
- An HCA public information data analyst will generate the sample of 15% or a minimum of ten (10) participants (whichever is greater)
- Review source of funding to ensure CPE complies with all federal, state, HCA and MAC regulations.

UMMS TECHNICAL SUPPORT

UMMS provides technical support to HCA and the SDs. UMMS has built this time study and claiming systems based on the unique needs of Washington school districts. UMMS supports the dynamic needs in Washington by updating the System as needed and producing reports that consolidate various data elements. These reports are used for monitoring and reviewing time study and claiming results. The reports provide information such as:

Total numbers of:

- Participants
- Moments per participant
- Moments not answered

Identification of:

- Sampled participant
- Job title/description
- Assigned moments
- Participant responses

Trends in time study results:

- Incomplete or contradictory responses
- Non-responders
- Manually coded moments

SCHOOL DISTRICT OVERSIGHT

The SDs are required to ensure their MAC program complies with all HCA, state, and federal guidelines, and is in support of the State Medicaid Plan. Major components of proper oversight include but are not limited to:

Training:

- Required for MAC Coordinators, backups, and participants
- Must be provided by UMMS and/or HCA
- Proof of training must be documented
- Completion of moments is critical

Monitoring:

- Participant list for accuracy
- Salary and benefit data for accuracy
- Minimum response rates
- Resolving issues related to participation rates that fall below 85%
- Reports related to participation

RMTS MANAGEMENT REPORTS

The System generates many reports for the MAC Coordinator to review which assist in RMTS management. The reports display a range of historical or real-time information including moments, participant demographics, and compliance rates.

ACCESSING THE REPORTS

Once logged into the System the MAC Coordinator can review reports of the online training and time study. This section describes how to access and run reports for the online training and time study.

- To access training reports select **'Online Training'** then **'Training Summary'**.
- To access RMTS reports, select **'Administrative Claiming'** then **'Reports'**. A list of all available reports will be displayed. Simply click on the report you wish to run.

TRAINING DOCUMENTS VIEWED REPORT

This report is located under **'Online Training', 'Training Summary'** details the online training that RMTS participants have viewed and completed.

Training Documents Viewed Report										
State:	WA-SCHOOLS									
School District:	Abc School District									
Name:	ALL									
Training Document:	ALL									
Run Date:	4/15/2015									
Run Time:	01:07 PM PT									
School District	Last Name	First Name	Employee Id	Job Type	Job Description	Email Address	Training Material Title	Date Accessed	Certification Da	Certification
	Cucumber	Bill	1225	Employee	Guidance Counselor	Bill.Cucumber@abcschools.wa.edu	MAC RMTS Training	09/01/2015		No
Abc School District	Banana	Betty	1235	Employee	Guidance Counselor	Betty.Banana@abcschools.wa.edu	MAC RMTS Training	09/02/2015		No
Abc School District	Grape	George	1240	Employee	Guidance Counselor	George.Grape@abcschools.wa.edu	MAC RMTS Training	09/10/2015		No
Abc School District	Sample	Joyce	1245	Employee	Guidance Counselor	Joyce.Sample@abcschools.wa.edu	MAC RMTS Training	09/02/2015	09/02/2015	Yes

TRAINING DOCUMENTS NOT VIEWED REPORT

This report is located under **'Online Training', 'Training Summary'** and lists participants who have not completed the RMTS on-line training. It includes participant email addresses for the MAC Coordinator to send reminders.

Training Documents Not Viewed Report										
State:	WA-SCHOOLS									
School District:	Abc School District									
Name:	ALL									
Training Document:	ALL									
Run Date:	09/09/2015									
Run Time:	03:13 PM PT									
School District	Last Name	First Name	Employee ID	Job Type	Job Description	Email Address	Training Material Title			
Abc School District	Cucumber	Bill	1236	Employee	Guidance Counselor	Bill.Cucumber@abcSchools.WA.edu	MAC RMTS Training			
Abc School District	Dill	Jim	1237	Employee	Guidance Counselor	Jim.Dill@abcSchools.WA.edu	MAC RMTS Training			
Abc School District	Eggplant	David	1238	Employee	Guidance Counselor	David.Eggplant@abcSchools.WA.edu	MAC RMTS Training			
Abc School District	Fruit	Elaine	1239	Employee	Guidance Counselor	Elaine.Fruit@abcSchools.WA.edu	MAC RMTS Training			
Abc School District	Grape	George	1240	Employee	Guidance Counselor	George.Grape@abcSchools.WA.edu	MAC RMTS Training			
Abc School District	Sample	Anne	1244	Employee	Guidance Counselor	Anne.Sample@abcSchools.WA.edu	MAC RMTS Training			
Abc School District	Sample	Fran	1247	Employee	Guidance Counselor	Fran.Sample@abcSchools.WA.edu	MAC RMTS Training			
Abc School District	Sample	Patricia	1246	Employee	Guidance Counselor	Patricia.Sample@abcSchools.WA.edu	MAC RMTS Training			
Abc School District	Sample	Peter	1248	Employee	Guidance Counselor	Peter.Sample@abcSchools.WA.edu	MAC RMTS Training			

RMTS PARTICIPANT MOMENTS COMPLETED TO DATE REPORT

This report is located under **'Administrative Claiming', 'Reports'** and gives information on moments already completed by the participants and the final status of the moment.

RMTS Participant Moments Completed to Date Report								
Run Date:	09/11/2015							
Run Time:	01:52 PM PT							
State:	WA-SCHOOLS							
School District:	Abc School District							
Job Position:	ALL							
Work Schedule:	ALL							
Year:	2016							
Quarter:	1							
Name	Emp ID	Job Desc	Job Code	Work Schedule	Moment Date	End of Grace Period	Email	
Dill,Jim	1237	Guidance Counselor	1	Schedule A	09/01/2015 02:19 PM	09/03/2015 02:19 PM	Jim.Dill@abcschools.wa.edu	
Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/07/2015 02:38 PM	09/09/2015 02:38 PM	Joyce.Sample@abcschools.wa.edu	
Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/09/2015 10:12 AM	09/11/2015 10:12 AM	Joyce.Sample@abcschools.wa.edu	
Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/09/2015 10:45 AM	09/11/2015 10:45 AM	Betty.Banana@abcschools.wa.edu	
Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/10/2015 02:31 PM	10/01/2015 02:31 PM	emily.audette@umassmed.edu	

RMTS PARTICIPANT MOMENT NOT COMPLETED REPORT

This report is located under **'Administrative Claiming', 'Reports'** and provides details of moments the participant has not completed. It allows the MAC Coordinator to identify participants who have not completed a moment so they can follow up with the participant.

RMTS Participant Moment Not Completed Report										
Run Date:	5/10/2015									
Run Time:	02:08 PM PT									
State:	WA-SCHOOLS									
School District:	Abc School District									
Job Position:	ALL									
Work Schedule:	ALL									
Year:	2016									
Quarter:	1									
Date:										
Name	Emp ID	Job Desc	Job Code	Work Schedule	Moment Date	End of Grace Period	Email	Status	Supervis	
Grape,George	1240	Guidance Counselor	1	Schedule A	09/01/2015 08:27 AM	09/03/2015 08:27 AM	george.grape@abcschools.wa.edu	Incomplete Expired		
Sample,Patricia	1246	Guidance Counselor	1	Schedule A	09/01/2015 08:32 AM	09/03/2015 08:32 AM	patricia.sample@abcschools.wa.edu	Incomplete Expired		
Eggplant,David	1238	Guidance Counselor	1	Schedule A	09/01/2015 10:19 AM	09/03/2015 10:19 AM	david.eggplant@abcschools.wa.edu	Incomplete Expired		
Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/01/2015 01:10 PM	09/03/2015 01:10 PM	joyce.sample@abcschools.wa.edu	Incomplete Expired		
Grape,George	1240	Guidance Counselor	1	Schedule A	09/01/2015 01:28 PM	09/03/2015 01:28 PM	george.grape@abcschools.wa.edu	Incomplete Expired		
Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/01/2015 01:33 PM	09/03/2015 01:33 PM	bette.banana@abcschools.wa.edu	Incomplete Expired		
Cucumber,Bill	1236	Guidance Counselor	1	Schedule A	09/02/2015 08:48 AM	09/04/2015 08:48 AM	bill.cucumber@abcschools.wa.edu	Incomplete Expired		

HEALTH PERSONNEL TIME STUDY UPLOAD REPORT

This report is located under **'Administrative Claiming', 'Reports'** and shows the participating staff list has been successfully uploaded into the UMMS System.

Health Personnel Time Study Upload Report						
Run Date:	9/16/2013					
Run Time:	03:25 PM PT					
Claiming Unit:	SDs-MAC					
Program:	SCHOOLS					
Year:	2013					
Quarter:	3					
Program	File Name			Status	Uploaded By	Uploaded Date
SCHOOLS	HOOLS-MAC_SCHOOLS Internal_3_2013_01_2012122812			Successful	Program Specialist	12/28/2012

RMTS CALENDAR CONFIGURATION REPORT

This report is located under **'Administrative Claiming', 'Reports'**, and shows when the SD's calendar for the next quarter has been updated for the subsequent quarter. It shows some standardized schedules that SDs may choose to use for participant schedules.

RMTS Calendar configuration Report						
Run Date:	9/16/2013					
Run Time:	03:49PM PT					
Claiming Unit:	SDs-MAC					
Program:	SCHOOLS					
Year:	2013					
Quarter:	4					
Include Health Personnel:	No					
Claiming Unit	Program	Work Schedule	Status	User ID	Date	
SDs-MAC	Schools		Not Configured	Program Specialist	3/13/2012	
SDs-MAC	Schools	Friday Off	Not Configured	Program Specialist	3/21/2012	
SDs-MAC	Schools	Monday Off	Not Configured			
SDs-MAC	Schools	Standard Hours	Not Configured	Program Specialist	3/21/2012	
SDs-MAC	Schools	Wednesday Off	Not Configured			

CALENDAR DATA ENTRY REPORT

This report is located under **'Administrative Claiming', 'Reports'**, and confirms that individual work schedules have been entered into the system for the quarter.

RMTS Calendar Configuration Report						
Run Date:	09/11/2015					
Run Time:	01:49 PM PT					
State:	WA-SCHOOLS					
School District:	Abc School District					
Year:	2016					
Quarter:	1					
Include Health Personnel:	No					
State	School District	Work Schedule	Status	User ID	Date	
WA-SCHOOLS			Not Configured			
WA-SCHOOLS	Abc School District		Confirmed	SampleS2	07/22/2015	
WA-SCHOOLS	Abc School District	Schedule A	Confirmed	AudetteE	08/31/2015	
WA-SCHOOLS	Abc School District	Schedule B	Confirmed	AudetteE	08/31/2015	
WA-SCHOOLS	Abc School District	Schedule C	Confirmed	AudetteE	08/31/2015	
WA-SCHOOLS	Abc School District	Schedule D	Confirmed	AudetteE	08/31/2015	

RMTS STATISTICS REPORT

This report is located under '*Administrative Claiming*', '*Reports*', and provides the status of various types of moments.

SCHOOL DISTRICT RMTS Statistics	
	Run Date: 04/25/2013
	Run Time: 04:02:48 PM PDT
	Claiming Unit: WA-SCHOOLS
	Year: 2015
	Quarter: 4
	Job Code: 3
Number of Moments Required:	45
Over Sampling Percentage:	15
Total Number of Moments:	45
Initial Moments Generated:	60
Number of Moments occurred:	60
Number of Moments completed and expired:	45
Number of Moments completed and not expired:	20
Number of Moments not completed and expired:	0
Number of Moments not completed and not expired:	2008
Moments Complete and Expired / Moments Occurred:	82.48%
All Moments Complete / Moments Occurred:	96.42%

RMTS COMPLIANCE REPORT

This report is located under '*Administrative Claiming*', '*Reports*', and provides the following details:

- How many moments each SD has during the quarter
- How many moments have occurred to date
- How many moments are completed, and the percentage of completed moments to total quarterly moments
- Number of moments not completed and expired
- Number of moments not completed and not expired
- Number of moments completed to date and total number of moments for the quarter

WA-SDs RMTS Compliance Report	
	Run Date: 01/02/2015
	Run Time: 02:14:23 PM
	Claiming Unit: SDs-MAC
	Program: SCHOOLS
	Year: 2015
	Quarter: 3
	Job Code: 3
Total Number of Moments for quarter:	52
Number of Moments occurred to date:	50
Number of Moments completed to date:	50
Number of Moments: Left - LOA:	0
Number of Moments not completed and expired:	0
Number of Moments not completed and not expired:	0
Number of Moments completed to date/Total Number of Moments for quarter:	100 %

TECHNICAL NOTES | SYSTEM REQUIREMENTS

UMMS recommends that all computer operating systems and browser versions be supported by their software vendor. Each vendor's policy varies so it is important to keep current with the supported software.

WORKSTATION REQUIREMENTS

Operating Systems - Windows XP and newer Macintosh

WEB BROWSERS

Internet Explorer 5.0 – 11.0 with MS Windows XP, Windows 7, or Vista

Note: RMTS Mobile and new UI, and Cost Reports require IE Version 9 or higher.

Safari 4.1 or Higher

Mozilla Firefox 2.0 or Higher; utilize all their automatic updates

Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE. Lifecycle policy and supported versions <https://support.microsoft.com/en-us/lifecycle/search?sort=PN&alpha=internet%20explorer>

Note: A change in support will occur on January 12 2016 <https://support.microsoft.com/en-us/gp/microsoft-internet-explorer>

COOKIES

Workstations: Enable cookie in browser.

See "[Instructions for Finding your Browser/Enabling Cookies](#)"

WEB FILTERS

Workstations should allow access to the following URL

Production Secure connection: <https://www.chcf.net/chcfweb/> and <https://cbe-rmts.chcf-umms.org/>

EMAIL

Email should allow delivery from MAC@HCA.WA.gov and MedicaidAdmMatch@umassmed.edu in large quantities on a single day.

INSTRUCTIONS FOR ONLINE TRAINING APPLICATION

Flash Player is needed to run the Instructions for online training program. The following link has a connection to Player Download Center, which will walk you through the process of downloading the most recent version of Player. It takes about two minutes.

MP4 files can be opened with [Windows Media Player](#), and other multi-format media players like [VLC](#), [QuickTime](#), and more.

SYSTEM ADMINISTRATION REQUIREMENTS

COOKIES

System administrator: If there is a proxy server, set proxy NOT to cache the www.chcf.net domain.

ACTUAL WEB SITE URL

<https://www.chcf.net/chcfweb> and <https://cbe-rmts.chcf-umms.org/>

Note: www.chcf.net cookies (sessions) are tied to the URL and IP address

ROUTERS

If SBC IP address needs to be explicitly defined on routers, SBC IP address is 146.189.217.25, 146.189.217.92 and 146.189.217.21

EMAIL

Email servers should allow email delivery from MAC@HCA.WA.gov and MedicaidAdmMatch@umassmed.edu

Email server IP – emails may be sent through the following mail gateways:

146.189.195.117

146.189.195.118

146.189.144.105

146.189.144.106

146.189.144.107

146.189.144.147

146.189.144.148

146.189.144.149

WEB FILTERS

Allow access to the following URL

ProductionSiteSecureConnection: <https://www.chcf.net/chcfweb/> and <https://cbe-rmts.chcf-umms.org/>

INSTRUCTIONS FOR FINDING YOUR BROWSER/ENABLING COOKIES

Internet Explorer

Choose Help > About Internet Explorer

Find out Internet Explorer version.

Safari

Choose Help

Find out Safari version

Mozilla Firefox

1. Choose Help

2. Find out Mozilla version

ENABLING COOKIES

Internet Explorer 6 - 11

Choose Tools > Internet Options
Click the Privacy tab
Click the Default and choose Medium level

Internet Explorer 5

Choose Tools > Internet Options
Click the Security tab
Click Internet, then Default Level
Select Medium Level

Mozilla Firefox

Choose Tools > Options
Select Privacy
Click Accept cookies from sites

DOWNLOAD INTERNET BROWSER

Use the following web sites to download a free copy of the latest browser for:

Internet Explorer

<http://www.microsoft.com/windows/ie/worldwide/ie6sp1downloads.asp>

Safari

<http://www.apple.com/safari/download/>

Mozilla Firefox

<http://www.mozilla.com/en-US/products/firefox>

CLAIMING PROCESS

OVERVIEW

The following describes how to complete and submit a Medicaid Administrative Claiming (MAC) claim for the three cost pools.

CLAIMING PROCESS OVERVIEW

The quarterly Medicaid Administrative Claiming process is designed to utilize the participant data and time study results from the RMTS as the building blocks for calculating an Administrative Activity Claim. Additional data on actual costs/expenditures per quarter are uploaded and/or entered into the system and the system performs the calculations.

Elements of the claim include:

- Quarterly state-wide time study results for each RMTS group are calculated following the end of the quarter.
- The SD's MAC Coordinator enters quarterly claim data (participant salary/benefits).
- The SD's MAC Coordinator prepares and prints the Certified Public Expenditures (CPE).
- The CPE is signed, dated, scanned, and emailed to HCA.

- The SD's MAC Coordinator prints the A19-1A invoice voucher (A19).
- The A19 is signed, dated, scanned, and emailed to HCA.
- HCA staff review and approve the SDs quarterly CPE and A19. CPEs and A19s are forwarded to HCA fiscal to process.
 - If there are questions regarding the claim, HCA will notify the SD.
- Approved A19 invoices will be processed by HCA within thirty (30) calendar days.

EXTRACTS AND UPLOADS

This section will go over how to add quarterly salary & fringe benefit data into the system. To create and manage data manually, please refer to Section IV.

EXTRACTING FILES

By the time an Administrative Activity Claim is being processed, the entities have already completed the RMTS for the quarter. Therefore, a list of active participants for that quarter can be extracted from the system. This list can be used to create an editable template to update in order to be uploaded with salary and benefit data.

STEP 1: Under the 'Administrative Claiming' tab, select 'File Extract'.

STEP 2: Using the drop-down menus, select the State, School District, Year, and Quarter. Year and Quarter are based on fiscal year. For example:

- Q1 2017 = July-September 2016
- Q2 2017 = October-December 2016
- Q3 2017 = January-March 2017
- Q4 2017 = April-June 2017

STEP 3: Click 'Submit'. The file can be opened or saved in Excel.

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Employee ID	Last Name	First Name	Email Address	Job Description	Job Type E or C	Active Yes or No	Fed Fund %	Work Schedule	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3	Job Pool
1	UMMS97816	Allium	Susan	susan.allium@school.net	Secondary Teacher	E	Y	0	Group C Middl	super@school.net			Education
2	UMMS97838	Antelope	Diana	diana.antelope@school.net	Psychologist	E	Y	0	Group J	super@school.net			Social & Health Care Services
3	UMMS97817	Aster	Angela	angela.aster@school.net	Elementary Teacher	E	Y	0	Group B Elem	super@school.net			Education
4	UMMS97818	Astilbe	Tony	tony.astilbe@school.net	Secondary Teacher	E	Y	0	Group C Middl	super@school.net			Education
5	UMMS97825	BZutton	Lisa	lisa.bzutton@school.net	Speech-Language P	E	Y	0	Group B Elem	super@school.net			Social & Health Care Services
6	UMMS97834	Bears	Melissa	melissa.bears@school.net	Counselor	E	Y	0	Group B Elem	super@school.net			Social & Health Care Services
7	UMMS97840	Birds	Joan	joan.birds@school.net	Nurse	E	Y	0	Group M	super@school.net			Social & Health Care Services

CREATING AN UPLOAD FILE

Use the extracted data to populate the file to be uploaded.

	A	B	C	D	E	F	G	H
1	Employee ID	Last Name	First Name	Job Description	Active Y or N	Fed Fund %	Salary	Employer Paid Benefits
2	UMMS97816	Allium	Susan	Secondary Teacher	Y	0	7850.25	1200.21
3	UMMS97838	Antelope	Diana	Psychologist	Y	0	5412.01	821.31
4	UMMS97817	Aster	Angela	Elementary Teacher	Y	0	4258.35	598.35
5	UMMS97818	Astilbe	Tony	Secondary Teacher	Y	0	6540.25	1250.52
6	UMMS97825	BZutton	Lisa	Speech-Language Pathologist	Y	0	4125.51	1121.21
7	UMMS97834	Bears	Melissa	Counselor	Y	0	6200.12	958.25
8	UMMS97840	Birds	Joan	Nurse	Y	0	5631.21	1210.21

The file must have the headings **'Employee ID', 'Last Name', 'First Name', 'Job Description', 'Active Y or N', 'Fed Fund %', 'Salary', and 'Employer Paid Benefits'**.

Tip: Remove the **'Email Address'** and **'Job Type'** columns from the extract file first, then remove the columns to the right including Work Schedule, all 3 **'supervisors'**, and **'Job Pool'**. Then simply add **'Salary'** and **'Employer Paid Benefits'**.

When saving the file to upload, the naming convention is: HP_CC_state_VendorID_Qtr_Year_Version#.xls

Example: Q2 2017, Demo School District = HP_CC_WA-SCHOOLS_123456_2_2017_01.xls

UPLOADING FILES

Upload the file to add salary and benefits data to the claim.

STEP 1: Under the **'Administrative Claiming'** tab, select **'File Upload'**.

STEP 2: Click on either **'School District'** or **'Year'** to change the School District and fiscal year.

STEP 3: Select **'HP_CC'** under component. Click **'Choose File'** to find your file. Click **'Open'**.

Note: Files must follow the naming convention described on the previous page.

STEP 4: Click **'Upload'**. The file will show up on the uploaded list below and will take some time before it is ready to be checked. You will need to click **'Refresh'** after a few minutes for the file status to change.

STEP 5: After the file is uploaded and there are no errors, click **'Review'** to review the file for errors and changes.

File Name	Quarter	Date ▼	Status	Uploaded By	<input type="checkbox"/>
HP_CC_WA-SCHOOLS_33212_2_2016_01.XFR	2	12/30/2015 03:46:43 PM	Review	TemilyEm	<input type="checkbox"/>

[Delete](#)

[Refresh](#)

Note: If your file has errors, you will need to click on **'Error'** and then **'View Detailed Report'** to review the issues that caused the file to fail. Once you have fixed the problems in the file, delete the error file by checking the box next to the file and clicking **'Delete'**. Then upload the corrected file.

Date	Status ▲	Uploaded By	<input type="checkbox"/>
05/01/2014 01:14:09 PM	Review	TestA115	<input checked="" type="checkbox"/>

[Delete](#)

STEP 6: Review the New Health Personnel, Deactivated Health Personnel, and Updates by clicking on the appropriate **'View Detailed Report'** link. If changes need to be made to the file, the file will need to be deleted and re-uploaded and checked again. Once everything is correct, check the **'Verified Upload File Results'** box and click **'Upload'** to upload the file.

Health Personnel File Upload Results

File Name: HP_CC_WA-SCHOOLS_33212_2_2016_01_20151230154643.XFR

File Type: Claim Component

File Mode: Preview

File Status: Review

Number of Records : 11

Number of New Health Personnel : 0

Number of Deactivated Health Personnel : 0

Number of Updates : 22

Number of Errors : 0

[View Detailed Report](#)


Verified Upload File Results

Note: Changes and additions in the file will not be made to the system until this step has been completed.

STEP 7: When the file is submitted and uploaded, the status will change to **'Successful'** when completed. You will need to click **'Refresh'** after a few minutes for the file status to change. You may review the detailed reports at any time by clicking **'Successful'** and **'View Detailed Report'**.

* Component :
 * Location : No file chosen

Status during upload
 Page 1

File Name	Quarter	Date ▼	Status	Uploaded By	<input type="checkbox"/>
HP_CC_WA-SCHOOLS_33212_2_2016_01.XFR	2	12/30/2015 03:46:43 PM	Successful 	TemilyEm	<input type="checkbox"/>

[Delete](#)

[Delete](#)

[Refresh](#)

DATA SUBMISSION

The previous section, **'Extracts and Uploads'** explains how to upload a large amount of information at one time. This section will go over how to review and/or manually enter salary data and other claim data if needed. If you are beginning a new claim each component will show **'NOT Received'** and will change depending on the status of the claim. **'Received'** will show after data is submitted, **'Calculated'** if the claim has been calculated, **'Approved'** if the claim is approved, and **'Final'** after the claim has been finalized.

State: WA-SCHOOLS School District: Abc School District Quarter: Third Year: 2017	
Quarterly Data	State Quarterly Data
Status of various Quarterly Claim Components	
Status of various Quarterly Claim Components	
Salary	NOT Received
Material and Supplies Costs	NOT Received
Medicaid Eligibility Rate	NOT Received
Consultant Services Costs	NOT Received
Indirect Cost Rate	NOT Received
Compliance Penalty %	NOT Received

SALARY DATA

STEP 1: Under the **'Administrative Claiming'** tab, select **'Data Submission'**.

STEP 2: Click on either **'Quarter'** or **'Year'** to change the quarter and fiscal year.

STEP 3: If no data has been entered or uploaded, you will click **'NOT Received'** otherwise you will click **'Received'** next to the name of the claim component you wish to enter. In this case, choose the Salary component.

Salary

Last Name : First Name : Job Position :

Page 1

Last Name	First Name	Job Position	Full Time Equivalency	Fed. Fund. %	Salary Amount (\$)	Total Fringe Benefits (\$)
Avenue	Beatrice	1	1	0	12045.00	541.00
Boulevard	Sam	1	1	0	3155.00	324.00
City	Tobias	1	1	0	14502.00	163.00
Lane	Dean	1	1	0	5210.00	352.00
Road	Dorothy	1	1	0	21403.00	142.00
Street	Lorelai	1	1	0	15430.00	157.00
Town	April	1	1	0	14255.00	366.00

Received Date :

STEP 4: Click on the first employee you want to add/edit data for.

Quarterly Data | **State Quarterly Data** | **Verify Components**

Salary Information

Last Name : Allium First Name : Susan
 Job Position Code : 2 Job Position Description : Secondary Teacher
 FTE : 1 Job Type : Employee
 Original Salary (\$) : HP ID Number : UMMS97816
 Quarterly Salary (\$) : Fed. Fund. % : 0

Benefit Details -

Workers Compensation (\$) : Unemployment (\$) :
 Medicare (\$) : Pension (\$) :
 Health Insurance (\$) : Life Insurance (\$) :
 Dental Insurance (\$) : Disability Insurance (\$) :
 Social Security Tax - Employer (\$) : Other (\$) :
 Other (\$) : Other (\$) :

STEP 5: Enter data in the **'Original Salary'** and employer paid fringe benefits in any of the **'Other'** fields and click **'Next'**. This will save the data submitted and open the next employee's screen. If you are done entering data or want to review the data before the end of the list of employees, click **'Close'** to return to the front screen.

STEP 6: When you have completed and checked all of the salary data, enter the date at the bottom of the screen and click **'Save'**. This will generate a note in the system which includes who saved the data and the date it was saved.

Note: If salary data was uploaded this screen, including the Received Date and Notes History, will be populated.

MATERIALS AND SUPPLIES COSTS

STEP 1: From the data submission screen, click the hyperlink next to the Materials and Supplies Costs. If no data has been entered, you will click **'NOT Received'** otherwise you will click **'Received'**.

STEP 2: Enter Materials and Supplies Amount.

STEP 3: Enter Received Date and click **'Save'**.

MEDICAID ELIGIBILITY RATE

STEP 1: This data is entered by HCA, but you can view the information by clicking on **'Received'** next to the Medicaid Eligibility Rate Component.

State: WA-SCHOOLS School District: Abc School District Quarter: Third Year: 2017

Quarterly Data State Quarterly Data Verify Components

Status of various Quarterly Claim Components

Status of various Quarterly Claim Components	
Salary	NOT Received
Material and Supplies Costs	NOT Received
Medicaid Eligibility Rate	NOT Received
Consultant Services Costs	NOT Received
Indirect Cost Rate	NOT Received
Compliance Penalty %	NOT Received

STEP 2: View the Medicaid Eligibility Rate on the screen. You cannot change this rate.

Fields marked with an (*) are mandatory fields

Quarterly Medicaid Eligibility Rate

* Medicaid Eligibility Rate (%) :

Received Date :

Notes History :

12/30/2015 Medicaid Eligibility Rate Submitted By Emily Audette

Close

CONSULTANT SERVICES COSTS

Step 1: From the data submission screen, click the hyperlink next to the Consultant Services Costs. If no data has been entered, you will click **'NOT Received'** otherwise you will click **'Received'**.

State: WA-SCHOOLS School District: Abc School District Quarter: Third Year: 2017

Quarterly Data State Quarterly Data Verify Components

Status of various Quarterly Claim Components

Status of various Quarterly Claim Components	
Salary	NOT Received
Material and Supplies Costs	NOT Received
Medicaid Eligibility Rate	NOT Received
Consultant Services Costs	NOT Received
Indirect Cost Rate	NOT Received
Compliance Penalty %	NOT Received

Step 2: Enter the quarterly Consultant Services Cost and the Received Date.

Quarterly Consultant Services Costs

Fields marked with an (*) are mandatory fields

* Consultant Services Amount (\$): 24,025

Received Date: 12/04/2015

Notes History :

Notes :

Save Reset Close

Step 3: Enter Received Date and click **'Save'**.

CLAIM CALCULATION AND APPROVAL

When all of the claim data has been entered and checked, the claim will need to be calculated.

Note: You will not be able to calculate the claim until the RMTS percentages have been calculated. School Districts will receive e-mail notification from HCA informing you when this has been completed and your claim can be calculated. However, you do not need to wait for this notification in order to enter your claim data.

CLAIM CALCULATION

Step 1: Under the **'Administrative Claiming'** tab, select **'Claim Calculation'**.

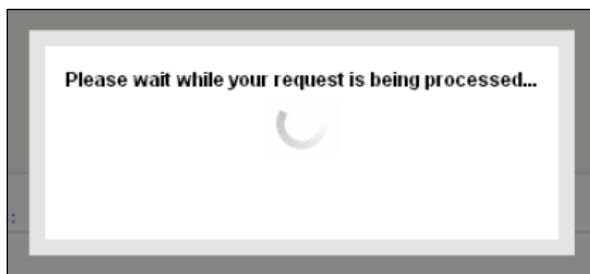
Step 2: Click on either **'Quarter'** or **'Year'** to view the claim you wish to calculate.

Claiming Unit: WA-SCHOOLS School District: A B C School District Quarter: Second Year: 2016

Claim Components	
Salary Information	Received
Fringe Benefit Information	Received
Material and Supplies Information	Received
Medicaid Eligibility Rate	Received
Consultant Services Costs	Received
Administrative Staff Costs	Received
Indirect Cost Rate	Received

Calculate

Step 3: Click **'Calculate'**. While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.



Step 4: When the claim has finished calculating, the screen will show that the Claim Status is *'Calculated'*, the date it was calculated, and the User Name of the person who calculated the claim.

Claim has been calculated successfully. You must recalculate the claim for the changes to be reflected.

Claim Status: Calculated	Date: 12/30/2015	User Name: Emily Temily
Claim Components		
Salary Information		\$ 70,846.03
Fringe Benefit Information		\$ 12,355.00
Material and Supplies Information		\$ 2,500.00
Medicaid Eligibility Rate		38.56 %
Consultant Services Costs		\$ 24,025.00
Administrative Staff Costs		\$ 12,500.00
Indirect Cost Rate		14.20 %
Net Claim Amount		\$ 9,207.94

Recalculate Approve

Note: Claims are finalized by HCA. The Claim Status will reflect this.

State Claim Calculation

Claim Status: Final Date: 05/02/2014 User Name:

Claim Components

Salary Information

Fringe Benefit Information

APPROVING THE CLAIM

Note: If any changes are made to the claim, you will need to *'Recalculate'* the claim. Only when the claim is complete, the data has been checked, and calculated for the last time should you approve the claim.

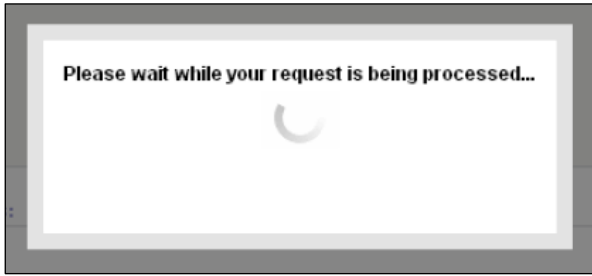
Recalculate Approve

The page at <https://qa-www.chcf.net> says:

Are you sure you want to approve the claim calculation?

OK Cancel

STEP 1: Click *'Approve'*. When prompted, click *'OK'*. While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.



STEP 2: When the claim is approved, the screen will show that the Claim Status is **'Approved'**, the date it was approved, and the User Name of the person who approved the claim. You must notify your HCA MAC Program Specialist that your claim is ready for their review in an email. Please attach your CPE/Local Match Form to the email so that your claim can be processed.

Claim Calculation	
Claim has been approved successfully. You must unapprove the claim calculation to incorporate any changes.	
→ Claim Status: Approved Date: 12/30/2015 User Name: Emily Temily	
Claim Components	
Salary Information	\$ 70,846.03
Fringe Benefit Information	\$ 12,355.00
Material and Supplies Information	\$ 2,500.00
Medicaid Eligibility Rate	38.56 %
Consultant Services Costs	\$ 24,025.00
Administrative Staff Costs	\$ 12,500.00
Indirect Cost Rate	14.20 %
Net Claim Amount	\$ 9,207.94

CLAIM REPORTS

Under **'Administrative Claiming'** and **'Reports'**, click on the report you wish to view. Each report is run by clicking **'View in Excel'** or **'View as PDF'** and can be saved. To return back to the list of reports, click **'Back to Reports'**.

Note: Once HCA has reviewed your claim including the Certified Public Expenditures (CPE) /Local Match form, you will be notified by HCA if your claim is approved or rejected so you can make the appropriate correction. If the claim is approved, click the A19 form, print it, obtain the appropriate signature and send it to HCA via email (MAC@hca.wa.gov).

CLAIM SUMMARY REPORT

Use the dropdown menus to select the MAC Contractor, year, and quarter you wish to view. This report can be viewed as a PDF.

Claim Summary Report	
Claiming Unit : WA-SCHOOLS ▾	School District : A B C School District ▾
Year : 2016 ▾	Quarter : Second Quarter ▾
View As PDF Back to Reports	

Sample Report:

Quarterly Claim Calculation Summary Report		
Claim Year:	2014	Print Date 05/01/2014
Claim Quarter:	3	
1	Indirect Cost Rate	25%
2	Medicaid Eligibility Rate	100%
Activity Group One	ADMINISTRATIVE COST POOLS' TOTAL GROSS CLAIM AMOUNTS FROM QUARTERLY CALCULATION DETAIL REPORT	COSTS FOR WHICH THE FFP = 50%
3	SUM SUBTOTAL GROSS CLAIM AMOUNT:	\$16,491.55
4	SUM OF QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS:	\$6,000.00
5	ADJUSTED QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS:	\$6,000.00
6	INDIRECT COSTS:	\$5,622.89
7	SUM OF QUARTERLY CONSULTANT SERVICES COSTS:	\$0.00
8	ADJUSTED QUARTERLY CONSULTANT SERVICES COSTS:	\$0.00
9	TOTAL GROSS CLAIM AMOUNT:	\$28,114.44
10	TOTAL NET CLAIM AMOUNT:	\$14,057.22

CLAIM CALCULATION DETAIL REPORT

Change the MAC Contractor, year, and quarter. This report can be viewed as a PDF.

Claim Calculation Detail Report	
Claiming Unit : WA-SCHOOLS ▾	School District : A B C School District ▾
Year : 2016 ▾	Quarter : Second Quarter ▾
View As PDF Back to Reports	

Sample Report:

Claim Year:	2016	Run Date:	12/30/2015
Claim Quarter:	2		
Claiming Unit:	Washington School Districts		
School District:	A B C School District		
HCA MAC Contract #:	33212		

WA-SCHOOLS Claim Calculation Report

Admin Cost Pool	Activity Code	Percent Of Time Spent On Activity	Total Cost Pool Costs Amount	Medicaid Eligibility Rate (MER)	General Administration Factor	Amount Of Total Cost Pool Costs	Subtotal Gross Claim Amount
1	1a	0.67	\$31,185.80	N/A	N/A	\$208.94	N/A
1	1b	0.07	\$31,185.80	N/A	N/A	\$21.83	\$21.83
1	2a	0.54	\$31,185.80	N/A	N/A	\$168.40	N/A
1	2b	0.13	\$31,185.80	N/A	N/A	\$40.54	\$40.54
1	3	32.70	\$31,185.80	N/A	N/A	\$10,197.76	N/A
1	4	2.83	\$31,185.80	N/A	N/A	\$882.56	N/A
1	5a	1.01	\$31,185.80	N/A	N/A	\$314.98	N/A
1	5b	0.00	\$31,185.80	38.56	N/A	\$0.00	\$0.00
1	7a	2.02	\$31,185.80	N/A	N/A	\$629.95	N/A
1	7b	0.07	\$31,185.80	38.56	N/A	\$21.83	\$8.42
1	8a	0.61	\$31,185.80	N/A	N/A	\$190.23	N/A
1	8b	0.13	\$31,185.80	38.56	N/A	\$40.54	\$15.63
1	9a	10.59	\$31,185.80	N/A	N/A	\$3,302.58	N/A
1	9b	4.65	\$31,185.80	38.56	N/A	\$1,450.14	\$559.17
1	10	43.96	\$31,185.80	N/A	3.7	\$13,709.28	\$507.24
Totals :		99.98				\$31,179.56	\$1,152.84
2	1a	0.07	\$28,790.18	N/A	N/A	\$20.15	N/A
2	1b	0.00	\$28,790.18	N/A	N/A	\$0.00	\$0.00
2	2a	0.07	\$28,790.18	N/A	N/A	\$20.15	N/A
2	2b	0.07	\$28,790.18	N/A	N/A	\$20.15	\$20.15
2	3	80.60	\$28,790.18	N/A	N/A	\$23,204.89	N/A
2	4	0.82	\$28,790.18	N/A	N/A	\$236.08	N/A

Page 1 of 3

The '**General Administration Factor**' is calculated to allocate costs for performing general administration activities by MAC activity code. The formula for calculating the General Administration Factor is as follows:

$$\frac{[1a\% + 1b\% + 2a\% + 2b\% + 3\% + 4\% + 5a\% + 5b\% + 6a\% + 6b\% + 7a\% + 7b\% + 8a\% + 8b\% + 9a\% + 9b\%]}{[1b\% + 2b\% + (MER * (5b\% + 6b\% + 7b\% + 8b\% + 9b\%))]}$$

COST POOL CALCULATION REPORT

Change the MAC Contractor, year, and quarter. This report can be opened as a PDF or in Excel.

Cost Pool Calculation Report	
Claiming Unit : WA-SCHOOLS ▾	School District : A B C School District ▾
Year : 2016 ▾	Quarter : Second Quarter ▾
View As PDF View As Excel Back to Reports	

Sample Report:

Cost Pool Calculation Report										
Claim Year:	2016									
Claim Quarter:	2								Print Date:	12/30/2015
Claiming Unit:	Washington School Districts									
School District:	A B C School District									
HCA MAC Contract #:	33212									
Grand Total:	\$83,201.03									
Participant Last Name	Participant First Name	Participant Unique ID	Job Pos Code	Job Position Description Title	Job Pos Federally Funded %	Quarterly Salary Amount	Salary Reduced by Federally Funded %	Quarterly Employer Paid Fringe Benefit Amount	Employer Paid Benefits Reduced by Federally Funded %	Employer Paid Tot Salary + Benefits Reduced by Federally Funded %
Blueberry	Cassie	UMMS54017	1	Secondary Principal	0.00%	\$5,120.65	\$5,120.65	\$800.00	\$800.00	\$5,920.65
Gouda	Sandy	UMMS54019	1	Office/Clerical	0.00%	\$5,120.65	\$5,120.65	\$1,250.00	\$1,250.00	\$6,370.65
Paprika	Lisa	UMMS54015	1	Elementary Principal	0.00%	\$8,544.25	\$8,544.25	\$1,250.00	\$1,250.00	\$9,794.25
Thyme	Aaron	UMMS54016	1	Secondary Principal	0.00%	\$7,850.25	\$7,850.25	\$1,250.00	\$1,250.00	\$9,100.25
Total Job Position Code	1									\$31,185.80
Elm	Kaye	UMMS54021	2	Other Teacher	0.00%	\$6,588.21	\$6,588.21	\$1,250.00	\$1,250.00	\$7,838.21
Mozzarella	Gina	UMMS54023	2	Other Teacher	0.00%	\$6,588.21	\$6,588.21	\$1,250.00	\$1,250.00	\$7,838.21
Stage	Chris	UMMS54024	2	Other Teacher	0.00%	\$6,588.21	\$6,588.21	\$1,250.00	\$1,250.00	\$7,838.21
Strawberry	Malissa	UMMS54022	2	Other Teacher	0.00%	\$4,025.55	\$4,025.55	\$1,250.00	\$1,250.00	\$5,275.55
Total Job Position Code	2									\$28,790.18
Avocado	Aceshia	UMMS54018	3	Counselor	0.00%	\$7,850.25	\$7,850.25	\$1,250.00	\$1,250.00	\$9,100.25
Flour	Anu	UMMS54020	3	Nurse	0.00%	\$8,544.25	\$8,544.25	\$755.00	\$755.00	\$9,299.25
Lemon	Erad	UMMS54014	3	Psychologist	0.00%	\$4,025.55	\$4,025.55	\$800.00	\$800.00	\$4,825.55
Total Job Position Code	3									\$23,225.05
Total:										\$83,201.03

A19 FORM

Use the dropdown menus to select the MAC Contractor, year, and quarter you wish to view. This report can be viewed in Excel.

A19 Form

Claiming Unit : School District :

Year : Quarter :

[View As Excel](#) | [Back to Reports](#)

A sample report of the A19 Form can be found in the [appendix](#).

CPE FORM AND INSTRUCTIONS

The CPE form must be submitted every quarter. The form can be found at the Health Care Authority website; please follow the link: [CPE local match certification](#). A sample CPE form and corresponding instructions can be found in the [appendix](#).

MEDICAID ELIGIBILITY RATE (MER) AND MER CALCULATION

Part of the MAC claiming requires the application of a MER:

- For each quarter, HCA staff extract an unduplicated report of all Medicaid enrolled children, ages 0-20 from HCA’s ProviderOne data base.
- The data extracted is forwarded to the Washington State Office of the Superintendent of Public Instruction (OSPI).
- For each quarter OSPI staff completes a data match comparing the unduplicated count of Medicaid enrolled students (the numerator) with the student enrollment for each school district (the denominator). This comparison results in the MER for each district.
- HCA staff then enters the MER for each district into the claiming system. Please see the below example:

School District Name	District Student Enrollment	Medicaid Enrolled	District MER
Onion Creek School District	2,808	791	28.17%

- HCA staff monitors the MERs on a regular basis. Any significant variations from historical trending are noted and are communicated to OSPI for an explanation of the variance in the data; any needed adjustments to the MER are then applied.

LOCAL MATCH CERTIFICATION, SOURCES OF FUNDING, AND CERTIFIED PUBLIC EXPENDITURES (CPE)

FEDERAL GUIDELINES

The federal government (Medicaid) provides partial Federal Financial Participation (FFP) reimbursement for allowable MAC activities through the Certified Public Expenditure (CPE) process. Federal regulations permit state, local, and tribal governments to provide the non-federal share of Medicaid expenditures. The funding of the non-federal share may be directly appropriated to government units by their legislature or other authority, transferred between the government units or actual expenditures incurred by the government unit may be certified as expenditures eligible for Medicaid reimbursement.

CMS policy is authorized by Section 1903(w) (6) (A) of the Social Security Act which specifically identifies States, and units of government within a State, as the appropriate agencies to fund the non-federal share of Medicaid costs. The non-federal share may be funded with proceeds derived from:

- State and local taxes.
- Funds appropriated to State University teaching hospitals.
- Funds transferred from or certified by units of government within a State.
- Funds of the unit of government not considered to be provider-related donations.
- Funds of the unit of government not derived from an impermissible health care related-tax.

Funds of the unit of government that are not considered to be provider-related donations, or are not derived from an impermissible health care related-tax, may only be used as the non-federal share of MAC expenditures when these funds have been approved by CMS' Center for Medicaid and State Operations' National Institutional Reimbursement Team (NIRT).

THE CERTIFICATION PROCESS

Quarterly, each SD must identify the allowable local matching funds that pay for MAC activities by certifying them as public expenditures. HCA provides a CPE form that should be filled out by the SD listing the allowable funding sources used. BARS codes are required for all funds used as local match. Please reference the OSPI Accounting Manual for Public School Districts in the State of Washington for a list of BARS codes.

INDIRECT RATE

The restricted and unrestricted indirect rates approved by the federal cognizant agency, the federal Department of Education, are placed in the System by HCA at the beginning of the school year. The SDs must use the **restricted** indirect rate to be used in the claiming process. The formulas in the System apply the indirect rate to the appropriate costs. The SD is prohibited from claiming any expenses as Direct costs/Expenses on any A19 if those expenses are included in an approved indirect rate. All staff included in operating costs or an approved indirect rate is prohibited from participating in the time study.

REVENUE OFFSET

Certain revenues must be offset to reduce costs to determine the total amount of costs in which the federal government will participate. ([Federal Regulations \(2CFR\), Part 225](#)).

Sample categories of revenue offset may include the following (not all inclusive):

- All federal funds
- All state expenditures which have been previously matched by the federal government (includes Medicaid funds for medical assistance, such as payments for services under fee- for-service)
- Insurance and other fees collected from non-governmental sources
- All applicable credits such as receipts or reduction of expenditure type transactions offsetting or reducing expense items allocable to federal awards as direct or indirect costs.
- When the costs of employees who provide medical services are fully met/covered by federal funding sources (Schools Based Health Services) or third party payers, those employees should not be included in the time study and their costs should not be included in the cost pool. (Example: Psychologist, Speech Therapist, Occupational Therapist, Physical Therapist)

Note: Employees whose costs are fully met/covered by Title III federal funding sources should not be included in the time study and their costs should not be included in the cost pool.

REVENUE OFFSET PROCESS

- To determine the amount of total allowable salary and benefits for the quarter, the SD must first perform revenue offset by subtracting any federal or state grant dollars included in the salary and benefits. To comply with this requirement, the SD must subtract from the salary and benefits, any federal or state grants received, including but not limited to, any funds received on behalf of a program for the work they do.
- Time study statistics and MER must be applied to the remaining salary and benefits (total allowable staff salary).
- In some cases, the revenue offset amount could include donations if those donations were specifically given to a program.

Example - Revenue Offset Process and Claim

Quarterly Gross Staff Salary/ Benefits	\$100,000
Other Federal/State funds received (Offset Amount)	<u>(\$ 20,000)</u>
Claimable Quarterly Net Salary/Benefits	\$ 80,000
RMTS results (MAC 50% / Non-MAC 50%)	<u>(\$ 40,000)</u>
Adjusted Salary/Benefits	<u>\$ 40,000</u>

In actuality, the Adjusted Salary/Benefits are added to those other RMTS participants in the RMTS group cost pool, before applying the MER percentage and the 50% Federal Financial Participation. But, to depict the effect in this example, applying a MER percentage of 30% to the Adjusted Salary/Benefits for the individual would create the Net Total Computable (TC): \$12,000
\$6,000 local funds & \$6,000 Medicaid funds = \$12,000 TC
The 50% Federal Financial Participation would be: \$ 6,000

NON-DUPLICATION OF PAYMENT

Federal, state, and local government resources should be expended in the most cost effective manner possible.

SDs may not claim any FFP for administrative activities if related costs have already been paid by another revenue source. A government program may not be reimbursed in excess of its actual costs, i.e., make a profit.

Example activities where costs may not be claimable due to the potential for duplicate payments include but are not limited to:

- An activity that is an integral part or extension of a direct medical service, such as patient follow-up, patient assessment, patient education, or counseling.
- An activity that has been, or will be, paid for as a service of another non-Medicaid program.
- An activity that has been, or will be, paid for as a Medicaid administrative cost through another MAC program.
- An activity that is included as part of a managed care rate and is reimbursed by a managed care organization.
- Costs for activities that are included in a direct medical service encounter rate.

It is important to distinguish between duplicate payments for the same activity and an inefficient use of resources, which may result in the unnecessary repeated performance of an activity. Duplicate performance of services or administrative activities must be mitigated through coordination of activities.

CLAIM FINALIZATION PROCESS

FILING DEADLINE AND CERTIFICATION

- Claims will be submitted and calculated electronically through the System.
- All quarterly claims, including billing documentation required by the claiming module of the System or by HCA, must be completed and forwarded to HCA if requested. The original signed and dated A19-1A Invoice Voucher for the quarter must be mailed and received by HCA MAC staff no later than midnight 120 calendar days following the end of a quarter. An A19 received after 120 days of the quarter will not be processed for payment.
- The Local Match Certification must be mailed with the A19 quarterly.
- All A19s and the Local Match Certification must be signed by an authorized representative who is legally designated as a signatory for the SD.

GLOSSARY

- **A19-1A Invoice Voucher (A19)** - The State of Washington Invoice Voucher used by the SD to submit claims for reimbursement of allowable MAC costs. It certifies that all costs, including CPE and the indirect cost rate are certified as accurate, allowable and in accordance with applicable federal regulations.
- **Activity** - Job duties and responsibilities performed by a time study participant.
- **Administrative Fee** - The dollar amount charged to a contractor by HCA based on a percentage of each Contractor's billing for Federal Financial Participation (FFP) claimed at the federally approved match rate. The fee is used to offset HCA's costs incurred in administering the MAC program. Administrative fees charged to Contractor are used to provide the state share of match required to operate the program.
- **Apple Health** - The Washington State Medicaid program funded by the federal and state government, which pays for medical coverage for children and adults who meet specific income criteria.
- **Apple Health Application Assistance** - To assist Apple Health clients in completing the application process.
- **Audit** - An investigation of a contractor's MAC program and financial information to ensure compliance with state, federal, and local laws. The State Auditor's Office completes an annual OMB Circular A-133 audit for all school contractors required to report.
- **Billing Quarter** - A consecutive three (3) calendar month period during the contractor fiscal year. Most MAC contractors utilize the State Fiscal year, July – June, with billing quarters beginning on the first day of month one (1) and ending on the last day of month three (3).

STATE FISCAL YEAR BILLING QUARTERS	
Quarter(s)	Months
Qtr. 1	July – September
Qtr. 2	October – December
Qtr. 3	January – March
Qtr. 4	April - June

- **Centers for Medicare and Medicaid Services (CMS)** - The federal agency with oversight responsibility for the Medicare and Medicaid programs within the Department of Health and Human Services (DHHS).
- **Certified Public Expenditure (CPE)** - The sources of funds certified as actual expenditures by a local or public governmental entity and used as the State share in order to receive federal matching Medicaid funds, or Federal Financial Participation (FFP).
- **Code of Federal Regulation (CFR)** - The codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.
- **Cognizant Agency** - The federal agency responsible for reviewing, negotiating, and approving Indirect Cost Rates.
- **Consultant or Billing Agent** - Any subcontractor to include any individual or organization hired by the Contractor to provide support with the System. The Contractor is responsible for all work done by the subcontracted consultants or billing agents or both.

- **Contractor or MAC contractor** - The individual, entity, or claiming unit performing MAC services pursuant to this agreement and includes the contractor's owners, members, officers, directors, partners, employees, or agents, or all, unless otherwise stated in this agreement. For purposes of any permitted subcontract, "contractor" includes any subcontractor and its owners, members, officers, directors, partners, employees, or agents, or all.
- **Corrective Action** - A plan developed after completion of an audit, evaluation, or review where a finding(s) of deficiency are identified. The plan specifies actions the facility or contractor must take to correct the finding of deficiency; the person responsible for developing the plan; the date when the correction will be completed, and the person responsible for correcting the deficiency.
- **Direct Cost** - Costs in direct support of MAC as reported on the quarterly A19 which are not already included in the indirect cost rate.
- **Eligible participants** - Contractor staff, subcontracted individuals or subcontractor individuals that are in compliance with regulations, meeting guidelines, and the Manual criteria, to participate in the school Medicaid Administrative Claiming (MAC) Random Moment Time Study (RMTS).
- **Federal Financial Participation (FFP)** - The level of federal funding to which the federal government will participate to reimburse government agencies for certain Medicaid administrative activities.
- **HCA MAC RMTS Coordinator Manual (Manual)** - The HCA MAC Coordinator Manual or its successor(s), including any updates that describe how to manage the MAC program including the time study and claiming.
- **Health Care Authority (HCA)** - The single state Medicaid agency that has complete authority and responsibility for administration of the State Medicaid Plan and Medicaid Administrative Claiming.
- **Indirect Cost(s)** - An operating expense that is allocated across more than one program.
- **Indirect Cost Rate** - The ratio, expressed as a percentage, of the indirect costs to a direct cost base as approved by the Contractor's Cognizant Agency.
- **Job Title** - A short description of a job position.
- **Job Description** - A summary of specific duties and responsibilities of a job position.
- **Linkage** - Connecting clients to services.
- **Local Matching Funds** - The contractor's non-federal tax dollars that are not otherwise obligated and are designated or certified to match the FFP rate of reimbursement. This revenue must be in the contractor's budget and under the contractor's control. These funds cannot be contributed by healthcare providers as local matching funds and subcontractor cannot certify local match funding. All local match funds must meet CPE requirements.
- **Medicaid** - The federal aid Title XIX program of the Social Security Act under which medical care is provided to eligible persons.
- **Medicaid Administrative Claiming Program (MAC)** - The source of funding for reimbursements provided in this agreement is shared between the contractor and the Federal Financial Participation (FFP).
- **MAC Coordinator** - An employee of the contractor assigned MAC RMTS oversight responsibilities and to act as liaison between HCA and the contractor for purposes of a MAC agreement.
- **Medicaid Client** - A person who is eligible to receive Medicaid Covered Services.
- **Medicaid Covered Services** - The array of federally required and Washington State legislatively appropriated medical and social services available to Medicaid Clients.

- **Medicaid School-Based Administrative Claiming Guide** - The CMS MAC manual issued May 2003 produced by CMS, and any supplements, amendments, or successor, incorporated here by reference into this agreement.
- **Monitoring** - Review of a contractor's MAC program to ensure program integrity.
- **Office of Management and Budget (OMB)** - A division under the Executive Office of the President of the United States.
- **Outreach** - Activities undertaken by the contractor to inform families within its jurisdiction about services available and encourage access to these services.
- **Random Moment Time Study (RMTS)** - A statistically valid time study system that asks each participant to report the activity he or she was performing during a specific moment.
- **Referral** - Providing information and support to clients that will assist them in accessing medical, social, education, or other services.
- **State Fiscal Year (SFY)** - A twelve (12) month period beginning on July 1st of one calendar year and ending on June 30th of the following calendar year. The SFY is broken into four (4) billing quarters.
- **State Medicaid Plan** - The comprehensive written commitment by HCA, submitted under 1902(a) of the Social Security Act and approved by CMS, to administer the Washington State Medicaid program in accordance with federal and state requirements.
- **University of Massachusetts Medical School (UMMS)** - The HCA contracted vendor who oversees the RMTS.

APPENDIX

QUARTERLY MAINTENANCE CHECKLIST FOR DISTRICT USE

Status	Due Date	Task	Who's responsible at the SD's?
<i>Before the Quarter Begins</i>			
	30 days before the quarter begins	Update SD quarterly calendar in the System	
	30 days before the quarter begins	Update any programmed work schedules	
	30 days before the quarter begins	Pull participant extract upload and update as needed	
	15 to 30 days before the quarter begins	Schedule and conduct additional staff training, if necessary	
<i>During the Quarter</i>			
	First working day of quarter	Participants will begin to receive and respond to moments	
	Ongoing	Monitor RMTS Participant Moment Not Completed Report to remind participants to complete all moments	
	Continuous throughout the quarter, within 5 working days of change	Inform HCA at MAC@hca.wa.gov as soon as any participant's employment status changes	
	Ongoing	Monitor the RMTS Participant Moment Not Completed Report to remind participants to complete all moments. <u>This report should be kept with your audit file.</u>	
<i>After the Quarter Ends</i>			
	Within 120 days after the close of the quarter	Upload and/or update staff salary and benefits to the System	
	Within 120 days after the end of the quarter	Enter quarterly MAC related materials, supply costs, and administrative staff costs into the System	
	Within 120 days after the end of the quarter	Submit quarterly Local Match Certification and CPE forms with the signed A19 (original) to HCA for reimbursement.	

RMTS PARTICIPANT CHANGE OF STATUS DURING THE QUARTER

**Random Moment Time Study (RMTS)
Participant Change of Status during the Quarter**

Instructions:

This form should be used when a RMTS participant is gone for (2) two or more working days for any of the following reasons that occur during a quarter:

- Leave of absence (maternity, vacation, sick leave)
- Job changed to a non-qualified position
- Termination of employment (retirement, left the school district)

Complete this form and email it to mac@hca.wa.gov (Please include your school district's name and change of status form in the subject line of the email)

Note: You must review the status of this RMTS participant prior to submitting/uploading the participant list into the UMMS system for the next quarter.

School District Name: []	RMTS Participant Name: []
Year: []	<input type="checkbox"/> Quarter 1 (Jul 1 – Sep 30) <input type="checkbox"/> Quarter 3 (Jan 1 – Mar 31) <input type="checkbox"/> Quarter 2 (Oct 1 – Dec 31) <input type="checkbox"/> Quarter 4 (Apr 1 – Jun 30)

Leave of Absence (such as maternity, vacation, sickness)			
Type of leave (be specific)	Paid dates	Unpaid dates	Comments
[]	[]	[]	[]

Job Changed to a Non-Qualified Position			
Previous position title	New position title	Effective date of new position	Comments
[]	[]	[]	[]

Termination of employment (such as retirement, left the school district)		
Reason for termination of employment	date of termination	Comments
[]	[]	[]

If you have any questions please email mac@hca.wa.gov

MEDICAID ADMINISTRATIVE CLAIMING (MAC) SUBCONTRACTOR REVIEW

All subcontracts for MAC related activities must be reviewed by Health Care Authority (HCA). This includes contracts that you plan to initiate, amend, or renew. Please provide a detailed response to the following questions and return it to your HCA program specialist with a copy of the proposed contract or amendment.

Please complete the following:

Name of your agency:	Name of Proposed Subcontractor:
Point of Contact:	Point of Contact:
Mailing Address:	Mailing Address:
Email Address:	Email Address:
Telephone:	Telephone:
Subcontract Start Date:	Subcontract End Date:


Please provide detailed responses for the following:

<p>1. Why does your agency need this proposed subcontract and what goals do you expect the subcontractor to achieve?</p>
<p>2. Describe how the activities of the proposed subcontractor will be in direct support of the state Medicaid agency and the Washington Medicaid State Plan.</p>
<p>3. List all sources of funding the proposed subcontractor is receiving.</p>
<p>4. List all job titles for the proposed subcontractor staff who will be participating in MAC.</p>
<p>5. Describe the specific population(s) to be served through this subcontract.</p>
<p>6. List all geographic areas to be served by this proposed subcontractor.</p>
<p>7. Describe, in detail, your agency’s plan for training subcontractor staff about the Medicaid program and Medicaid Administrative Claiming.</p>
<p>8. Describe, in detail, your agency’s plan for monitoring the proposed subcontractor.</p>

MEDICAID ADMINISTRATIVE CLAIMING (MAC) AUDIT FILE CHECKLIST

Present Y/N	Location Identified Y/N	Required Documentation
		Current Interagency/Interlocal Agreement with HCA
		Dun and Bradstreet Data Universal Numbering System (DUNS) number
		Statewide Vendor (SWV) number
		SD MAC Organization Chart <ul style="list-style-type: none"> • Administrator • CFO and/or Business Manager • MAC Program Administrator • Consultant and/or billing agent • MAC Coordinator and Backup Coordinator • Participating staff by claiming group(s) with names and job titles
		All MAC related contracts with consultants/billing agents
		All MAC Contracts/Grants related to outreach and linkage such as: <ul style="list-style-type: none"> • School districts • Outreach organizations • Community based organizations • Washington HealthPlanFinder
		MAC Subcontractor Documentation: <ul style="list-style-type: none"> • List of all MAC subcontracts • Copy of contract • Subcontractor information form (as submitted to HCA) • HCA approval notification from HCA
		MAC Financial claiming documentation <ul style="list-style-type: none"> • Copies of signed quarterly A-19 invoice vouchers and all detailed documents in support of that quarterly claim • MAC Subcontractor invoices for services provided under the MAC Contract • Signed copy of the quarterly Local Match Certification form • Signed Certified Public Expenditure worksheet listing funding sources, description and back-up documentation • Copy of Indirect Cost Rate Certification, methodology description and back-up documentation • Listing of all participants/claim/processed benefits
		All HCA MAC Monitoring Report(s)
		All quarterly <i>Compliance Status Reports</i> as described in the Manual
		All State and/or federal audit reports , including the most recent OMB Circular A-133 Audit and any related documents and corrective action plans that relate to the MAC program
		All MAC related training documents (rosters and materials)
		All quarterly participant lists

A19-1A INVOICE VOUCHER – SAMPLE REPORT

	A	B	C	D	E	F	G	H	I	J	K	L	N	O	P	Q	R	S	T	U					
2	FORM A19-1A  STATE OF WASHINGTON INVOICE VOUCHER (REV. 6/95)												AGENCY USE ONLY												
5													AGENCY NO.		LOCATION CODE		P. R. OR AUTH NO.								
6	AGENCY NAME												1070				00000K1590								
7	Health Care Authority												INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item. Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans Status												
8	Health Care Services																								
9	Medicaid Outreach Unit																								
10	PO Box 45530																								
11	Olympia WA 98504-5530																								
12	VENDOR OR CLAIMANT												BY												
13													[SIGN IN INK]												
14	A B C School District												[TITLE]				[DATE]								
15	100 Main Street												RECEIVED BY								DATE RECEIVED				
16	Anytown, WA 98502																								
17																									
18																									
19	FED. I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to)																								
20	DATE		DESCRIPTION					QUANTITY		UNIT		UNIT PRICE		AMOUNT		FOR AGENCY USE									
21			For services rendered in performance under																						
22			Contract Number: 00000K1590																						
23			Period of Service October - December 2015																						
24																									
25																									
26																									
27			Total Outreach & Linkage T19 Claimable Cost									\$18,415.88													
28			FFP Claimed at Match Rate 50%									\$9,207.94													
29																									
30																									
31																									
32												Total Claimable		\$18,415.88											
33												Total FFP		\$9,207.94											
34	I certify all the above invoiced expenses follow Center of Medicare and Medicaid Services (CMS) requirements. The applied matching funds are not already used as matching funds in other federal programs, being reimbursed by other federal grants, and any applied donated matching funds have been preapproved for use by CMS/National Institutional Reimbursement Team.																								
35	PREPARED BY					TELEPHONE NUMBER					DATE					AGENCY APPROVAL					DATE				
36																									
37	DOC. DATE		PHY DRE DATE		CURRENT DOC. NO.			REF DOC. NO.			VENDOR NUMBER					USE TAX ID# NUMBER									
38					HZ																				
39	ACCOUNT NUMBER 38 CHARS										VENDOR MESSAGE 25 CHARS														
40	October - December 2015										Other Admin Claiming														
41	TRAN S CODE	FUND	MASTER INDEX	FESCE AN INDEX	SND OBJ	SND OBJ	ORC INDEX	ALLOC	HOS	PROJ	SND PROJ	PROJ PHAS	AMOUNT	INVOICE DATE	INVOICE # 38 CHARS										
42																									
43		001		A0912	ER	7330	A7V0	5156		MACO	00	00	\$9,207.94		Contract # 00000K1590										
44																									
45																									
46																									
47																									
48	ACCOUNTING APPROVAL FOR PAYMENT										DATE					WARRANTY TOTAL					WARRANTY NUMBER				
49																\$9,207.94									
50																									
51																									

CPE Local Match Certification Instructions

HCA Contractor Name	The name of the contractor.
HCA Contract Number	The contract number of the entity.
Sub Unit (if applicable)	A cost center or budget unit within the claiming unit.
Invoice Time Period	Period of time the services were provided (e.g., January-March 2016).
Federal Financial Participation (FFP)	Enter the FFP dollar amount in the appropriate FFP box. Dollars reported must agree with amount on the invoice.
Local Match	Enter the dollar amount used to match federal funds in the appropriate local match box.
Name of Local Match (Funding Source)	List the name of the Local Match funding source.
Prescribed Revenue Account Code	List the prescribed account coding for the local match (funding source)
<i>Prescribed revenue account coding for: Public school districts.</i>	Office of the Superintendent of Public Instruction (OSPI) School Apportionment & Financial Services Accounting Manual for School Districts
Authorized Representative's Signature	The signature of the entity's authorized representative.
Date	Date when form was completed.
Title	Title of entity's authorized representative.
Printed Name	Printed name of authorized representative.
Telephone Number (Including Area Code)	Telephone number with area code of authorized representative.